

Annual Nonprofit Hospital

# Community Benefits Plan Report



Mission Statement and  
Community Benefits Plan

Charity Care and Presumptive  
Eligibility Policy

Hospital Financial  
Assistance Application

Form AG-CBP-1

Audited Financial  
Statement

Hospital Financial  
Assistance Report

**Northwestern Memorial HealthCare  
and Subsidiaries  
Community Benefits Plan Report  
For the Year Ended August 31, 2020  
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## Executive Summary

Northwestern Memorial HealthCare (NMHC) is committed to our mission to provide quality medical care, regardless of the patient's ability to pay; to transform medical care through clinical innovation, breakthrough research and academic excellence; and to improve the health of the communities we serve. NMHC is a nonprofit, integrated academic health system (Health System) committed to serving a broad community. NMHC provides world-class care through 10 hospitals,<sup>1</sup> two medical groups,<sup>2</sup> and hundreds of diagnostic and ambulatory locations in communities throughout Chicago and Northern Illinois, *one patient at a time*.

Working together as **Northwestern Medicine**<sup>®</sup> (NM), NMHC and Northwestern University Feinberg School of Medicine (Feinberg)<sup>3</sup> share a vision to transform medical care through clinical innovation, breakthrough research and academic excellence to make a positive difference in people's lives and the health of our communities.

The COVID-19 pandemic has profoundly impacted virtually every aspect of life, from health and wellness to education and the economy, and challenged the nation's care delivery systems and health infrastructure. Academic medical centers (AMCs) have proven vital as innovators and leaders in responding to the pandemic. Additional challenges have converged with the pandemic: supply chain disruption, economic decline, civil unrest and disparities in health outcomes.

In 2020, the challenges faced by NMHC and our communities have been extensive and deeply felt. As an organization of dedicated caregivers, NM rapidly mobilized to respond to these historic challenges. The death of George Floyd in Minneapolis and resulting protests acutely impacted NM, highlighting the racial inequities that still impact our physicians, employees, patients and communities. These pivotal events caused us to reflect on our culture, and recommit to our work to deliver excellent care regardless of ability to pay; to support our communities through programming and outreach; and to create pathways to education and careers in healthcare that lead to financial stability. In addition, we have encouraged and provided the means for our employees to lend their voice and experience to our journey to address racism, and are expanding strategies and opportunities for employees to join in our work to address the social determinants of health (SDOH) and make meaningful change in the

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<sup>1</sup> For the time period of this report, fiscal year 2020 (FY20), NMHC was the nonprofit corporate parent of Northwestern Memorial Hospital (NMH), Northwestern Medicine Lake Forest Hospital (NM LFH), Northwestern Medicine Central DuPage Hospital (NM CDH), Northwestern Medicine Delnor Hospital (NM Delnor), Northwestern Medicine Kishwaukee Hospital (NM Kishwaukee), Northwestern Medicine Valley West Hospital (NM Valley West), Northwestern Medicine Huntley Hospital (NM Huntley), Northwestern Medicine McHenry Hospital (NM McHenry), Northwestern Medicine Woodstock Hospital (NM Woodstock) and Marianjoy Rehabilitation Hospital, part of Northwestern Medicine (MRH).

<sup>2</sup> For the time period of this report, FY20, NMHC was the nonprofit corporate parent of Northwestern Medical Group (NMG) and Northwestern Medicine Regional Medical Group (NM RMG). In an effort to increase alignment, multiple physician groups have recently merged into NM RMG, including Northwestern Medicine KishHealth Physician Group in September 2018, Centegra Physician Group in May 2019, and Marianjoy Medical Group in September 2019.

<sup>3</sup> **Northwestern Medicine**<sup>®</sup> is a trademark of NMHC and is also used by Feinberg. While NMHC and Feinberg share in our mission to put patients first in everything we do and work together to provide world-class medical care to our patients, Feinberg is not a corporate member of NMHC.

communities we serve.

Guided by our system-wide Community Benefits plan, and in collaboration with our long-standing partners in the community, the Health System addressed the significant challenges of the past year. We are sensitive to the individual needs of our communities, which span urban, suburban and rural populations. In doing so, NMHC serves four main roles for our communities:

- A. Provide quality medical care, regardless of the patient's ability to pay.
- B. Conduct and support breakthrough research.
- C. Educate the next generation of healthcare leaders and our communities.
- D. Facilitate collaboration and lead initiatives to strengthen our communities and address the social determinants of health.

NM has been on the front lines of the nation's response to the pandemic since its onset. Through our regional network of healthcare organizations, we have made the three tenets of academic medicine — clinical care, education and research — accessible throughout the Chicagoland and Northeast Illinois area and beyond. Beyond geographic expansion, the Health System has extended access to academic medicine, quality care in the community setting, physical care and rehabilitation, and specialized care. The growth of the Health System enables us to expand to provide better medicine, in pursuit of our mission to put patients first as **Northwestern Medicine**. Our community partners, including many federally qualified health centers (FQHCs), and free and charitable clinics, are important allies in ensuring equitable access to care for all members of our communities.

NMHC provides care for patients regardless of their ability to pay, as supported by our financial assistance and presumptive eligibility policies. Our hospitals are leading providers in their respective communities of charity care and care for patients on Medicaid. Over the course of the COVID-19 pandemic, the Health System provided care to patients from throughout our extensive community service areas, including a large proportion of patients from areas of high hardship that were severely impacted by disease and economic strain. Patients often bypassed other healthcare providers to seek out care at NM. In Chicago alone, more than 43% of patients hospitalized at NMH for COVID-19 came from the city's South and West Sides. All Health System hospitals treated patients from high-hardship areas of their respective communities.

Together with Feinberg, Health System researchers played a major role in advancing the scientific understanding of SARS-CoV-2, the virus that causes COVID-19, developing innovative testing and breakthrough treatments. After discovering that COVID-19 can cause irreversible damage to some patients' lungs, NMH successfully completed the nation's first double-lung transplant for a patient whose lungs had been damaged by the virus. Despite the extraordinary resource demand and financial pressures created by COVID-19, the Health System remained committed to supporting a broad spectrum of research initiatives, including expanding clinical trials, solving public health issues and improving medical care with augmented intelligence, among hundreds of other initiatives. NMHC supports some of the nation's most advanced research programs, led by physician-scientists at Feinberg who are pushing the boundaries of science and medicine through nationally recognized research programs as well as entirely new scientific disciplines that are pioneering solutions for preventing and curing disease.

NM is helping to address projected shortfalls of healthcare providers by training the nation's next generation of physicians, nurses, allied health professionals and administrators. Our

commitment to our communities expands to the education sector. In FY20, we collaborated with Feinberg and community clinical providers to expand medical students' practical experiences through education-centered medical home (ECMH) programs. We further collaborate with community partners on youth and workforce pipeline development initiatives.

Our nation faced unprecedented challenges in 2020. As enduring pillars in their respective communities, NMHC hospitals were uniquely positioned to meet those challenges. Through establishing collaborations, addressing the SDOH and continuing to provide strong economic opportunities, NMHC strengthened the communities we serve in FY20.

A recent report prepared by Ernst & Young, LLP (EY) for the American Hospital Association (AHA) concluded that the community benefits activities of the United States' hospitals and health systems outweigh the forgone federal tax revenue by a factor of 11 to 1. The study found that nonprofit hospitals in the United States provided \$95 billion in total community benefits to their communities in 2016 (the most recent comparative data available).<sup>4</sup> In Illinois, hospitals annually contribute more than \$5.8 billion in community benefits.<sup>5</sup> In total, NMHC contributed nearly \$1.17 billion in community benefits programs, inclusive of charity care, other unreimbursed care, research, education and other community benefits. This represents approximately 21.6% of net patient service revenue in FY20.

NMHC is proud to demonstrate our commitment to improving the health of the communities we serve. While by no means exhaustive, this report offers an in-depth look into the Health System's organizational structure; our mission, vision and core values; the communities and populations we serve; our Community Benefits Plan and Community Health Needs Assessment process; our charity care and financial assistance policies; and an overview of the four roles we play, including highlights of the many community benefits activities enacted across the Health System in FY20.

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<sup>4</sup> 2019, *Estimates of the federal revenue forgone due to the tax exemption of non-profit hospitals compared to the community benefit they provide, 2016, Prepared for the American Hospital Association*, Ernst & Young, LLP.

<sup>5</sup> 2018, *Improving Our Communities, Economic Impact Report*, Illinois Health and Hospital Association. More than 100 hospitals in Illinois filed annual reports on Community Benefits with the Illinois Attorney General. This number reflects the reports submitted for 2015 – 2017, the most recent data available.

**FY20 Charity Care and Other Community Benefits Summary**

**SUMMARY OF CHARITY CARE AND COMMUNITY BENEFITS  
BASED ON ILLINOIS COMMUNITY BENEFITS ACT  
REPORTING STANDARDS  
FISCAL YEAR ENDED AUGUST 31, 2020**

Description	Unreimbursed Cost	See Note No.
Charity Care	\$ 89,728,349	1
Language Assistance	5,828,228	2
Government Sponsored Indigent Health Care	866,650,289	3
Donations	4,915,893	4
Volunteer Services (Employee)	202,082	5
Volunteer Services (Nonemployee)	49,430	6
Education	65,234,069	7
Government Sponsored Program Services	---	8
Research	53,954,881	9
Subsidized Health Services	33,286,986	10
Bad Debts	41,366,926	11
Other Community Benefits	4,918,974	12
<b>Total</b>	<b><u><u>\$1,166,136,107</u></u></b>	

**Note 1: Charity Care** – This section of the report includes the unreimbursed cost of care provided to uninsured and underinsured patients served by NMH, NM LFH, NM CDH, NM Delnor, NM Kishwaukee, NM Valley West, NM Huntley, NM McHenry, NM Woodstock<sup>6</sup> and MRH (collectively “the Hospitals”) as well as by NMG and NM RMG. The cost of charity care for the Hospitals was calculated by applying the total cost-to-charge ratio from each hospital’s Medicare cost report (CMS 2552-96 Worksheet C, Part 1, consistent with the State of Illinois Attorney General Office definition) to the charges on accounts identified as qualifying for charity care (as defined in the American Institute of Certified Public Accountants *Accounting and Auditing Guide - Healthcare Organizations*). The resultant calculated cost was then offset by any payments received that were designated for the payment of patient bills qualifying for a charity care discount (as defined in the Healthcare Financial Management Association’s *Principles and Practices Board Statement 15: Valuation and Financial Statement Presentation of Charity Care and Bad Debts by Institutional Healthcare Providers*). NMG and NM RMG are not required to file a Medicare cost report. Internally calculated cost-to-charge ratios specific to NMG and NM RMG

<sup>6</sup> NM Huntley, NM McHenry and NM Woodstock report under Northern Illinois Medical Center, as a single Illinois Department of Public Health (IDPH) hospital license, all billing through a single tax ID.

were used to determine the cost of charity care for these entities. The resultant calculated cost was then offset by any payments, consistent with the methodology for the Hospitals. **The unreimbursed cost of bad debt, Medicaid, Medicare or any other federal, state or local indigent health care program is not included in the unreimbursed cost figure for charity care.**

The costs of charity care in this report differ from NMHC's notes to the consolidated audited financial statements for FY20 where they were calculated by applying a cost-to-charge ratio developed prior to the Hospitals' FY20 Medicare cost reports to charges foregone for charity care. The FY20 Medicare cost reports were completed after the audited financial statements were issued. The costs of charity care for the Hospitals included in this report were calculated using the cost-to-charge ratios from the most recently filed Medicare cost reports for each of the hospitals.

**Note 2: Language Assistance** – The cost of language assistance programs includes both the cost of employees and nonemployees to provide translation services to NMHC hospital patients and family members.

**Note 3: Government Sponsored Indigent Health Care** – The cost of government sponsored indigent health care includes the unreimbursed cost of care delivered through the Medicare and Medicaid programs. The unreimbursed cost of Medicare and Medicaid was calculated by applying each provider's overall cost-to-charge ratio to its total Medicare and Medicaid inpatient and outpatient charges, and then subtracting payments received and receivable under these programs. The reimbursement and cost-to-charge ratios exclude direct medical education, as those costs are included as part of the unreimbursed cost of education. The cost-to-charge ratios are also adjusted for costs reported in other categories in this report. The unreimbursed cost of government sponsored indigent health care for FY20 is reduced by \$46.923 million of net reimbursement received under the Illinois Hospital Assessment Program (HAP) and Affordable Care Act Expanded Access Program.

**Note 4: Donations** – Donations include the dollar amount recorded during FY20 in accordance with United States generally accepted accounting principles as contributions from unrestricted funds to charitable and other community or civic organizations for furtherance of their charitable purposes, including donations to Near North Health Services Corp. in support of identified needs based on the Community Health Needs Assessment. Donations made to other charitable organizations for clinical program development are excluded from this Community Benefits Report.

**Note 5: Volunteer Services (Employee)** – NMHC is an organization that encourages volunteering during nonworking hours as a way of positively benefiting the community. Employees support numerous activities for the advancement of the community through volunteer efforts during nonworking hours, choosing some activities on their own and others from among those offered through NMHC.

**Note 6: Volunteer Services (Nonemployee)** – This includes the total number of hours provided by volunteers at all NMHC entities multiplied by the Illinois minimum wage rate.



**Note 7: Education** – Unreimbursed education costs include the cost of NMHC’s medical residency, fellowship and internship programs, less any third-party payor reimbursements and fees received.

**Note 8: Government Sponsored Program Services** – NMHC does not have unreimbursed costs to report in this section.

**Note 9: Research** – NMHC provides support to advance medical and scientific research and academic pursuits. The reported support includes the unreimbursed cost of funds provided for research projects and unreimbursed operational infrastructure costs to support clinical research that occurs at NMH and MRH.

**Note 10: Subsidized Health Services** – Subsidized health services include the uncompensated cost of providing behavioral health services, health education and information, and programs that positively impact the wellness of the community. Costs calculated were offset by any reimbursement received for services provided. The unreimbursed cost for behavioral health services was also adjusted to exclude the unreimbursed cost of charity care and government sponsored indigent health care detailed elsewhere in this report.

**Note 11: Bad Debts** – Bad debts represent the provision for uncollectible accounts reported in NMHC’s FY20 audited financial statements related to patient care services adjusted to cost consistent with the methodology used to calculate government sponsored indigent health care.

**Note 12: Other Community Benefits** – Other community benefits represent activities conducted by NMHC that benefit residents of the community, including general community-based health and service programs. Costs calculated were offset by any reimbursement received for the services provided.

The Coronavirus Aid, Relief, and Economic Security (CARES) Act established the Provider Relief Fund, through which the United States Department of Health and Human Services (HHS) distributes funds to hospitals and healthcare providers on the front lines of the coronavirus response. NMHC received CARES Act Provider Relief funds in FY20. NMHC dedicated those funds to direct costs associated with combatting COVID-19 including purchasing personal protective equipment (PPE) for staff, expansion for COVID-19 patient units and COVID-19 testing areas at NMHC facilities, among other initiatives. These incremental costs have been identified and tracked separately in compliance with the CARES Provider Relief Funding received and are not included in the above summary of Charity Care and other Community Benefits amounts.

## **About the Health System**

### **Organizational Information: Northwestern Memorial HealthCare and Its Subsidiaries**

Northwestern Memorial HealthCare (NMHC) is the nonprofit corporate parent of Northwestern Memorial Hospital (NMH); Northwestern Lake Forest Hospital d/b/a Northwestern Medicine Lake Forest Hospital (NM LFH); Central DuPage Hospital Association d/b/a Northwestern Medicine Central DuPage Hospital (NM CDH); Delnor-Community Hospital d/b/a Northwestern Medicine Delnor Hospital (NM Delnor); KishHealth System (KHS); Kishwaukee Community Hospital d/b/a Northwestern Medicine Kishwaukee Hospital (NM Kishwaukee); Valley West Community Hospital d/b/a Northwestern Medicine Valley West Hospital (NM Valley West); Centegra Health System (CHS) including Northern Illinois Medical Center d/b/a Northwestern Medicine McHenry Hospital (NM McHenry), Northwestern Medicine Huntley Hospital (NM Huntley) and Memorial Medical Center d/b/a Northwestern Medicine Woodstock Hospital (NM Woodstock); Marianjoy Rehabilitation Hospital, part of Northwestern Medicine (MRH); Northwestern Medical Faculty Foundation d/b/a Northwestern Medical Group (NMG); Central DuPage Physician Group d/b/a Northwestern Medicine Regional Medical Group (NM RMG); Northwestern Memorial Foundation (NMF); and other subsidiaries. As of January 1, 2021, which is later than the timeframe of this report, NMHC is the nonprofit corporate parent of Palos Community Hospital.<sup>7</sup> NMHC may also be referred to throughout this report as “the Health System.” NMHC is submitting this Annual Report on Community Benefits for the fiscal year ended August 31, 2020 (FY20), on behalf of each of its member hospitals and the Health System.

### **Our Mission, Vision and Values<sup>8</sup>**

Whether directly providing patient care or supporting those who do, every Northwestern Medicine employee and physician has an impact on the quality of the patient experience and the level of excellence we collectively achieve. This knowledge, expressed in our shared commitment to a single, patient-focused mission, unites us.

#### *Mission*

Northwestern Medicine is a premier, integrated academic health system where the patient comes first.

- We are all caregivers or someone who supports a caregiver.
- We are here to improve the health of our community.
- We have an essential relationship with Northwestern University Feinberg School of Medicine.
- We integrate education and research to continually improve excellence in clinical practice.

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<sup>7</sup> Beyond the scope of this report. Palos Community Hospital has filed separate Annual Reports on Community Benefits for the pre-merger time period of January 1, 2020 – December 31, 2020. Palos Community Hospital will be included in NMHC’s fiscal year 2021 Annual Report on Community Benefits.

<sup>8</sup> <https://www.nm.org/about-us>

- We serve a broad community and bring the best in medicine closer to where patients live and work.

### *Vision*

To be a premier, integrated academic health system that will serve a broad community and bring the best in medicine — including breakthrough treatments and clinical trials enhanced through our affiliation with Northwestern University Feinberg School of Medicine — to a growing number of patients close to where they live and work.

### *Values*

- **Patients first:** Putting our patients first in all that we do
- **Integrity:** Adhering to an uncompromising code of ethics that emphasizes complete honesty and sincerity
- **Teamwork:** Team success over personal success
- **Excellence:** Continuously striving to be better

### **Populations and Communities Served by NMHC**

The communities served by NMHC hospitals are complex and diverse, encompassing rural, suburban and urban areas, with a range of socioeconomic statuses and social determinants of health that correspond to these demographics. NMHC is committed to providing care that takes into consideration the cultures and environments in which our patients live and is responsive to their needs. NMHC works closely with community partners, including health and social service partners, to identify priority health concerns and jointly develop community-based health initiatives designed to address healthcare disparities.

Each NMHC hospital considers a variety of factors when defining its distinctive community. These factors include:

- Geographic area served
- Principal functions of the hospital
- Areas of high hardship and the population served
- The location of existing NM and community assets
- The service areas of other healthcare providers

By considering each of these factors, each NMHC hospital has defined its own Community Service Area (CSA) and is working to meet the unique needs of the community it serves.

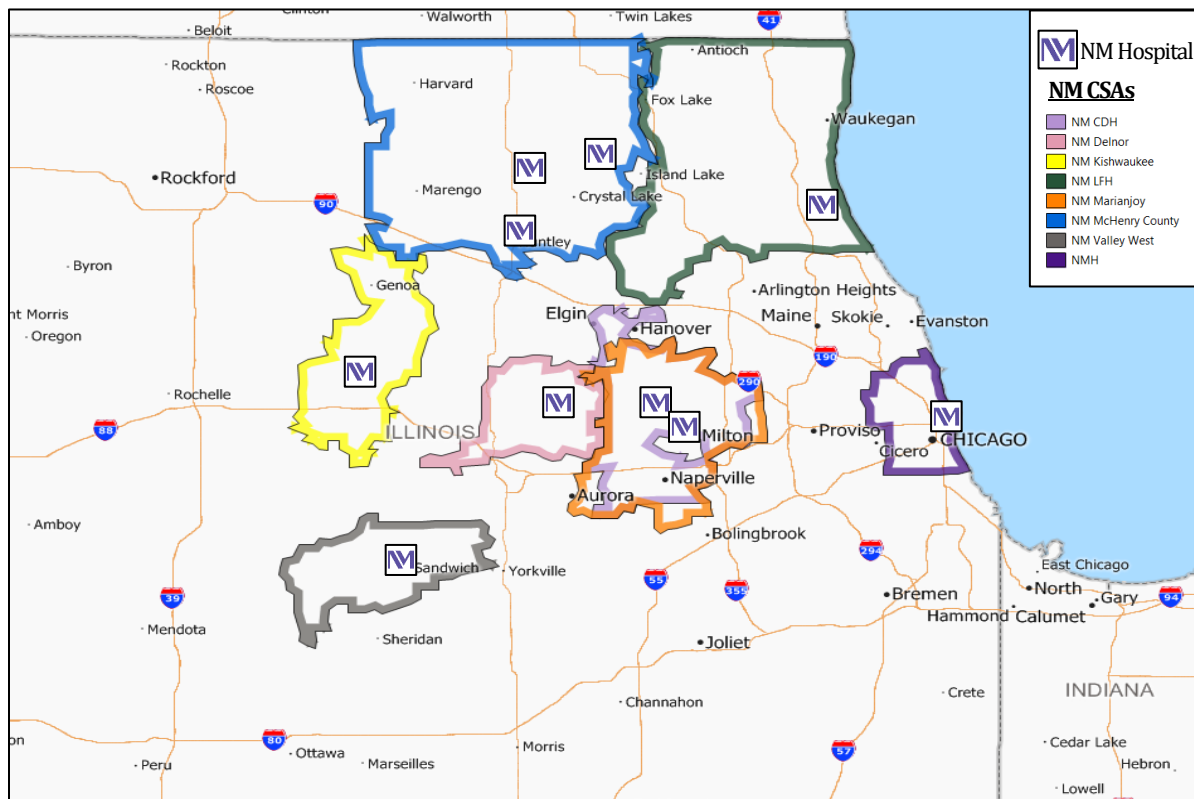
NMH defines its CSA as a 7-mile radius<sup>9</sup> around the hospital, which includes 34 ZIP codes. NM LFH defines its community as Lake County in order to facilitate alignment with the Lake County

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<sup>9</sup> Prior to 2019, NMH defined its Community as the City of Chicago. However, such a large geographic area presented many challenges for defining and assessing the community's needs. NMH completed a comprehensive process to redefine its CSA and considered the following factors in its analysis: (1) the geographic area served by the hospital; (2) the principal functions of the hospital; (3) areas of high hardship; (4) location of existing NMH assets; (5) defined service areas of other Chicago AMCs; and (6)

Health Department (LCHD). NM CDH, NM Delnor, NM Kishwaukee and NM Valley West define their CSA based on their Primary Service Area (PSA). The PSA is a contiguous set of ZIP codes within a defined geographic area that accounts for a majority percentage of inpatient admissions. Together, the three NM hospitals in Chicago's northwest suburbs — NM McHenry, NM Huntley and NM Woodstock — serve the same CSA of McHenry County, which accounts for a majority of inpatient admissions. MRH offers unique services in the region. While MRH considers DuPage County its CSA, it also serves as a destination hospital for surrounding counties. Patients often travel from Cook, Will, Kane, Kendall, DeKalb and LaSalle counties, among many more, to receive care at MRH.

The map below outlines the CSAs served by NMHC hospitals.<sup>10</sup>



Every three years, each NMHC hospital completes a Community Health Needs Assessment (CHNA) to better understand the population it serves and the health issues that are of greatest concern within its CSA. With this information, each NMHC hospital is able to determine how best to commit resources to address those issues. The CHNA process is described in greater

existing initiatives to address community needs. The aforementioned were then mapped with GIS software. Through meetings with key community stakeholders, it was determined that a 7-mile radius maximized NMH's opportunity to address and assess community needs, which was then adopted at NMH's redefined CSA. NMH's CSA does not exclude populations based on whether or how much patients or their insurers pay for the care received or whether patients are eligible under NMH's Financial Assistance Policy.

<sup>10</sup> While MRH considers DuPage County its CSA, due to its unique services, it also serves as a destination hospital for surrounding counties. Patients often travel from Cook, Will, Kane, Kendall, DeKalb and LaSalle counties, among many more, to receive care at MRH.

detail later in this report. By executing the NMHC Community Benefits Plan with sensitivity to the unique needs of the populations and communities served, NMHC is able to have the greatest possible impact on community health status.

### **Better Medicine, Closer to Home**

NM is a growing, nationally recognized, fully integrated academic health system that has substantially increased access to coordinated, convenient and timely health care throughout Chicagoland and Northeastern Illinois. NM provides world-class care at 10 hospitals and more than 200 locations, now serving more than 1 million unique patients annually across Northeast Illinois through a single clinically integrated network. Together with Feinberg, we are pursuing excellence in patient care, closer to home.

The geographic reach of NM allows us to meet the growing demand for quality health care. Our recent affiliations and ongoing growth make it possible for us to serve more patients, closer to where people work and live. To better serve patients in the southwest suburbs, Palos Health officially joined the Health System on January 1, 2021.

To best serve the needs of our patients and community, each NMHC hospital collaborates with a broad network of community partners; many such collaborations have not only been vital to the Health System's COVID-19 response, but have also been expanded to help meet the evolving needs of the patients and communities we serve. Through community-based efforts, our hospitals provide regional leadership, help address food insecurity, and provide critically needed funding and other resources, among many more efforts.

NM has established multidisciplinary teams of clinicians to develop and adopt evidence-based care pathways for routine and complex conditions, with the goals of enhancing safety and improving efficiency of care. In several specialties, clinically integrated programs deliver seamless patient care throughout phases of a patient's condition, across multiple locations of care, with consistently applied standards of quality. Integration and expansion of key clinical service lines continued across the Health System in FY20.

More than 29,800 physicians, nurses, allied health professionals, clinical support staff and administrative employees, as well as hundreds of volunteers, support delivery of quality medical care to the Health System's patients. The Health System trained more than 1,200 residents and fellows in FY20. Serving a broad and growing patient base while achieving top patient outcomes, the Health System has provided care to patients from all 50 states and more than 70 countries. In FY20, the Health System had more than 104,000 inpatient admissions and more than 2.2 million outpatient encounters.

NMHC is a recognized leader in delivering excellence in outcomes and patient experience. Engagement initiatives with patients, physicians and employees drive the Health System's improvement projects that have helped establish our reputation and attract world-renowned specialists. The Health System remains on the leading edge of care thanks to our relationship with Feinberg.

## *Northwestern Memorial Hospital*

Northwestern Memorial Hospital (NMH) is a 943-bed, adult acute-care, nationally ranked<sup>11</sup> academic medical center (AMC) in downtown Chicago that provides a complete range of adult inpatient and outpatient services in an educational and research environment. In 2020, NMH received *U.S. News & World Report* Honor Roll ranking for the ninth consecutive year. For more than 150 years, NMH and its predecessor institutions have served the residents of Chicago. The commitment to provide quality health care, regardless of the patient's ability to pay, reaches back to the founding principles of our predecessors and continues to be integral to our mission to put patients first. NMH serves a large, complex and diverse area, with patients coming from the city of Chicago and surrounding counties. NMH's CSA is defined as a 7-mile radius around NMH, which includes 34 ZIP codes.

To best address the needs of our patients, NMH routinely works with trusted health and social service partners in the Chicagoland area. These long-standing relationships proved invaluable in helping us respond directly at the community level to COVID-19, as described later in this report. Together with our community partners, NMH worked to meet the needs of our patients beyond clinical care, addressing the social determinants of health, providing opportunities for youth and workforce development, providing critically needed resources, and more.

NMH is committed to academic medicine's tripartite mission of clinical care, education and research, and is bonded in an essential relationship with Feinberg to train the next generation of healthcare leaders and to engage in groundbreaking research. The hospital is recognized for providing excellent patient care and innovative advancements in virtually every medical specialty. NMH's exemplary patient care was demonstrated during the COVID-19 pandemic: among the top 20 *U.S. News & World Report* Honor Roll hospitals, NMH had the fourth best COVID mortality rate and outperformed all other Chicago AMCs.<sup>12</sup> The hospital's expertise and innovation were further highlighted when NMH performed the nation's first double-lung transplants on patients whose lungs were damaged due to COVID-19.

As the primary teaching hospital for Feinberg, NMH has more than 4,866 physicians on the medical staff, the majority of whom have faculty appointments at Feinberg. NMH is among the limited number of hospitals in the United States to be designated as a major teaching hospital by the Association of American Medical Colleges (AAMC). Though comprising only 5% of the acute-care, general-service hospitals in the United States, in aggregate, major teaching hospitals provide a disproportionate amount of charity care and Medicaid inpatient services.<sup>13</sup> This proves

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<sup>11</sup> 2020 – 2021 Best Hospitals Honor Roll and Medical Specialties Rankings, *U.S. News and World Report*, <https://health.usnews.com/health-care/best-hospitals/articles/best-hospitals-honor-roll-and-overview>.

<sup>12</sup> Independent data repository compiled by *Vizient Inc.*, a leader in health care performance improvement. COVID-19 data reported is for the period of March-October 2020 and reflects the observed/expected mortality rate of NMH as compared to the *U.S. News & World Report*, 2020 – 2021, Best Hospitals Honor Roll list as well as compared to other AMCs in Chicago.

<sup>13</sup> 2018, *Teaching Hospitals Spent 20% More on Community Benefits Post-Affordable Care Act*, Association of American Medical Colleges.

true for NMH: NMH is the third-largest provider of charity care<sup>14</sup> and the sixth-largest Medicaid provider in Illinois.<sup>15</sup>

In addition to training medical students, residents and fellows, NMH also educates an exceptional number of both undergraduate and graduate nursing students. Clinical education is also provided to pharmacists, laboratory professionals, allied health workers and skilled technicians at NMH.

As AMCs serve as major referral centers and have very specialized expertise, they provide care to those patients who are unable to receive necessary care elsewhere and therefore have a patient population that is often more complex, sicker and more vulnerable than the general patient population.<sup>16</sup> In FY20, the hospital admitted more than 42,600 adults as inpatients. NMH's Prentice Women's Hospital is the largest birthing center in Illinois, with more than 12,000 deliveries in FY20. As the only adult Level I trauma center in downtown Chicago with 24/7 service, in FY20 NMH had nearly 81,000 emergency department (ED) visits. NMH is also the only AMC hospital in downtown Chicago participating in both city and state Level I trauma networks and as a Level III neonatal care unit, allowing us to provide lifesaving care and treatment to the seriously injured adults, and premature and sick infants.

#### *Northwestern Medicine Lake Forest Hospital*

Northwestern Medicine Lake Forest Hospital (NM LFH) is a state-of-the-art, 114-bed hospital located in Lake County, Illinois. The Health System proudly opened the new NM LFH in 2018, continuing a long-standing commitment to deliver world-class medicine to the region. The redeveloped campus provides access to primary, specialty and emergency care through the main hospital campus as well as two outpatient facilities, in Grayslake and Glenview. NM Grayslake includes a freestanding emergency center (FEC) that provides 24-hour access to emergency care in the greater Lake County region. More than 900 physicians practice in 69 specialties at NM LFH. NM LFH operates the Northwestern McGaw Family Medicine Residency at Lake Forest, and its residents train at NM LFH, its Grayslake facility, and Erie HealthReach Waukegan (Erie Waukegan), a local federally qualified health center (FQHC). NM LFH serves the majority of Lake County. Since joining NMHC in 2010, NM LFH has created a seamless pathway to specialty care for its patients throughout the Health System. In FY20, NM LFH had more than 9,500 inpatient admissions and more than 51,000 emergency visits.

NM LFH is committed to serving Lake County's most vulnerable residents. In FY20, NM LFH launched its new Transitional Care Clinic (TCC) to provide medical and psychosocial support to patients who do not have a primary care physician and face complex challenges navigating the healthcare system following an inpatient or emergency health episode.

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<sup>14</sup> 2020, Illinois Department of Public Health.

<sup>15</sup> 2020, Illinois Department of HealthCare and Family Services.

<sup>16</sup> 2016, *Policy Priorities to Improve the Nation's Health*, Association of American Medical Colleges.

### *Northwestern Medicine Central DuPage Hospital*

Northwestern Medicine Central DuPage Hospital (NM CDH) is an acute-care, 392-bed tertiary community hospital located in Winfield, Illinois. NM CDH has a deep, nearly 60-year history of caring for its community and providing quality health care to the residents of DuPage County and beyond. The hospital provides a full range of emergency, inpatient and outpatient services to patients in DuPage County. NM CDH also serves as a regional destination for clinical services including oncology, neurology, orthopaedics, pediatrics, behavioral health and cardiology. More than 1,300 physicians are on the medical staff at NM CDH. In FY20, NM CDH had more than 19,000 inpatient admissions, and its ED had nearly 65,000 visits. NM CDH joined the Health System in 2014, connecting the residents of Chicago's western suburbs to specialty care across NMHC, including access to front-line clinical trials.

NM CDH is also home to Northwestern Medicine Proton Center, the only proton therapy center in Illinois. Equipped with state-of-the-art proton therapy technology, and a team of experienced radiation oncologists and other highly skilled medical professionals, the center is dedicated to providing exceptional patient care for multiple types of tumors and cancers using effective, innovative radiation treatment.

### *Northwestern Medicine Delnor Hospital*

Northwestern Medicine Delnor Hospital (NM Delnor) is an acute-care, 159-bed community hospital in Geneva, Illinois. NM Delnor continues its long-standing commitment to provide quality clinical and patient-centered care to patients in Kane County and the Fox Valley region. NM Delnor provides comprehensive care through a medical staff of nearly 700 physicians in 80 specialties. NM Delnor joined the Health System in 2014, greatly expanding access to specialty care for its patients, including breakthrough clinical trials, all in the comfort of a community hospital setting. In FY20, NM Delnor treated patients through more than 8,000 inpatient admissions and nearly 38,000 ED visits.

NMHC's commitment to academic medicine has now brought expansion of medical education to the western suburbs. In 2019, NM Delnor welcomed the first class of physician trainees to the Northwestern McGaw Family Medicine Residency at Delnor. In FY20, the Health System launched its second Pharmacy Residency Program at NM Delnor, which is the only program of its kind within 25 miles of the hospital.

### *Northwestern Medicine Kishwaukee Hospital*

Located in DeKalb, Illinois, Northwestern Medicine Kishwaukee Hospital (NM Kishwaukee) is an acute-care, 98-bed community hospital with an enduring commitment to the residents of DeKalb County. Due to the low ratio of primary care providers to population in DeKalb County, portions of the county have been designated by the federal government as a Medically Underserved Population (MUP). NM Kishwaukee provides much-needed access to quality health care in its community. The hospital provides care through a broad range of specialties and unique services, including a state-of-the-art Breast Health Center, which opened in 2019. In FY20, NM Kishwaukee's medical staff of more than 300 physicians treated patients through nearly 4,900 inpatient admissions and more than 31,600 ED visits. In alignment with its



commitment to train the next generation of healthcare leaders, the Health System expanded the NM Discovery Program through the addition of the Greater DeKalb Chapter in FY20.

Located on the NM Kishwaukee campus, the Northwestern Medicine Ben Gordon Center (NM Ben Gordon) provides mental health counseling and substance abuse treatment for DeKalb County residents. Through the Community Support Program, NM Ben Gordon offers a variety of services to patients who have been diagnosed with severe and persistent mental illness (SPMI), including intensive levels of care and long-term case management for at-risk and vulnerable populations who have limited or no supportive assistance. The DeKalb County Mental Health Board provides an operational grant that partially offsets the cost of providing these services.

#### *Northwestern Medicine Valley West Hospital*

Northwestern Medicine Valley West Hospital (NM Valley West) is a critical-access, 25-bed hospital in Sandwich, Illinois, that has served the Fox Valley community for more than 70 years. Critical Access Hospital is a designation given to eligible rural hospitals by the Centers for Medicare and Medicaid Services (CMS). As a Critical Access Hospital in a service area that encompasses parts of DeKalb County, with its designated MUP, NM Valley West provides essential services to its rural community. NM Valley West greatly expands access to care in its rural community by providing a seamless pathway from critical care to specialty care across the Health System. More than 200 physicians are on the NM Valley West medical staff, representing a wide range of specialties. In FY20, NM Valley West had approximately 700 inpatient admissions and more than 7,300 ED visits.

In FY20, NM Valley West launched the Homeward Healing program for patients who need short-term, comprehensive, skilled healthcare services after an acute stay in the hospital. Through this program, patients remain at — or can be transferred to — NM Valley West for additional care that cannot be provided at home and without having to be transferred to a skilled nursing facility.

#### *Northwestern Medicine McHenry Hospital, Northwestern Medicine Huntley Hospital and Northwestern Medicine Woodstock Hospital*

In 2018, the Health System grew to incorporate the three hospitals of Centegra Health System (CHS), including Northwestern Medicine McHenry Hospital (NM McHenry), Northwestern Medicine Huntley Hospital (NM Huntley) and Northwestern Medicine Woodstock Hospital (NM Woodstock). More than 600 physicians in 70 specialties provide comprehensive care to the residents of greater McHenry County at the three hospitals.

NM McHenry is a U.S. News and World Report recognized, 166-bed, acute-care teaching hospital providing comprehensive health care to residents in McHenry, Illinois, and surrounding communities. The hospital provides training to the next generation of caregivers through the Chicago Medical School Internal Medicine Residency at NM McHenry. The program included 28 residents in FY20. NM McHenry provided care through more than 7,800 inpatient admissions and more than 30,800 ED visits in FY20.

NM Huntley is an extension of NM McHenry; the 128-bed hospital opened in 2016. NM Huntley offers comprehensive care to residents of Huntley, Illinois, and the surrounding communities,

including the Sun City Huntley senior living community. In FY20, NM Huntley had more than 7,000 inpatient admissions and more than 24,300 ED visits.

Serving the community for more than 100 years, NM Woodstock is also an extension of NM McHenry. The 56-bed hospital is a regional destination for inpatient and outpatient behavioral health services as well as for outpatient care. In FY20, the hospital had nearly 1,400 inpatient admissions, more than 29,600 outpatient registrations and nearly 11,000 ED visits.

NM Woodstock's campus is also home to Aunt Martha's Woodstock Community Health Center, a federally qualified health center (FQHC) that offers comprehensive primary care and mental health services to the uninsured and underinsured members of broader McHenry County.

#### *Marianjoy Rehabilitation Hospital, part of Northwestern Medicine*

Marianjoy Rehabilitation Hospital, part of Northwestern Medicine (MRH), is a specialty and teaching hospital in Wheaton, Illinois, dedicated to the delivery of physical medicine and rehabilitation (PM&R). MRH trains residents in the highly specialized field of PM&R through clinical experience, educational opportunities and research activities. Located in DuPage County, MRH is a destination hospital and also serves residents of surrounding counties. Advanced care is provided through both inpatient and outpatient services for adult and pediatric patients who are recovering from injury or illness, or who require intensive therapy to regain their function and maximize independence. MRH's 127 licensed beds include 113 acute inpatient rehabilitation beds and 14 Medicare-licensed, sub-acute beds. Comprehensive care teams of physicians, therapists, rehabilitation nurses and support staff are trained and certified in the latest and most effective treatment approaches. In FY20, MRH saw more than 2,700 inpatient admissions.

Geographic proximity of MRH to other NMHC entities, primarily NM CDH and NM Delnor, facilitates the Health System's ability to provide a full continuum of care close to where our patients live and work. The importance of caring for our patients through their entire care cycle has been exemplified by the COVID-19 pandemic. MRH provided post-COVID-19 rehabilitative care for patients throughout the Health System, demonstrating our ability to provide a full spectrum of care from diagnosis and treatment through rehabilitation.

#### *NMHC Primary Care and Immediate Care Centers*

NM aspires to be the destination of choice for people seeking quality health care and for those who provide, support and advance that care through leading-edge treatments and breakthrough discoveries. Access to high-quality care in recent years has been improved by adding new primary care locations and comprehensive Immediate Care sites across communities from the South Loop to northern Chicago, the north and west suburbs, and into Lake County, as well as expanding evening and weekend hours at many Immediate Care Centers and primary care sites. With hundreds of primary and Immediate Care locations close to patients' homes and workplaces, breakthrough care is now more accessible than ever.

### *NMHC Physician Groups*

NMHC is the nonprofit parent corporation of two<sup>17</sup> physician groups: Northwestern Medical Group (NMG) and Northwestern Medicine Regional Medical Group (NM RMG). With locations throughout Chicago, the north and west suburbs, and Greater DeKalb County, NMHC's multispecialty group practices employ more than 2,000 physicians. NMG is the third-largest physician group in Chicago's surrounding seven counties<sup>18</sup> and serves as the clinical faculty practice plan of Feinberg; the majority of NMG physicians have faculty appointments with Feinberg.

### *Northwestern Memorial Foundation*

Northwestern Memorial Foundation (NMF) conducts fundraising and other related development activities in support of the Health System's hospitals and NMHC's mission, including securing funding for clinical programs, research, education and community initiatives. NMF raises philanthropic funds from individuals, corporations and foundations, as well as through community fundraising organizations.

### **Awards and Recognition**

The Health System and our hospitals received important outside recognition in FY20, including:

- *U.S. News & World Report*, 2020 – 2021, Best Hospitals:<sup>19</sup>
  - NMH received Honor Roll ranking for the ninth consecutive year. NMH was ranked No. 10 on the list of the nation's "Best Hospitals" and is the No. 1 hospital in both the Chicago metropolitan area and in Illinois, with 11 out of 16 clinical specialties nationally ranked.
  - NM CDH was ranked as the No. 8 hospital in Illinois and the Chicago metro area. NM CDH was ranked nationally in one adult specialty.
  - NM LFH was ranked as the No. 9 hospital in Illinois and the Chicago metro area. NM LFH was ranked nationally in two adult specialties.
  - NM McHenry, NM Huntley and NM Woodstock were, as a group, ranked as the No. 23 hospital in Illinois and No. 19 in the Chicago metro area.
- NMH, NM LFH, NM CDH and NM Delnor have Magnet® designation from the American Nurses Credentialing Center (ANCC), the gold standard for nursing excellence and quality care. In 2004, NM Delnor was the first non-academic hospital in Illinois to receive this honor.
- *Forbes* ranked NM as the No. 1 employer in Illinois, reflecting our commitment to make NM a better place to work and practice.<sup>20</sup>

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<sup>17</sup> In order to facilitate alignment across regions, multiple physician groups have been merged into NM RMG, including Northwestern Medicine KishHealth Physician Group in September 2018, Centegra Physician Group in May 2019, and Marianjoy Medical Group in September 2019.

<sup>18</sup> 2020, *Chicago's Largest Physician Groups 2020*, Crain's Chicago Business.

<https://www.chicagobusiness.com/craains-list/chicagos-largest-physicians-groups-2020>.

<sup>19</sup> 2020 – 2021 *Best Hospitals*, U.S. News and World Report, <https://health.usnews.com/health-care/best-hospitals/articles/best-hospitals-honor-roll-and-overview>.

<sup>20</sup> 2020, *America's Best Employers By State*, Forbes, <https://www.forbes.com/best-employers-by-state/>.

- The Leapfrog Group:<sup>21</sup>
  - NM CDH, NM Delnor, NM Kishwaukee, NM McHenry and NM Huntley earned an “A” Hospital Safety Grade score in FY20. The Hospital Safety Grade scores hospitals on how safe they keep their patients from errors, injuries, accidents and infections.
  - NM CDH is one of only 32 “Straight A” hospitals in the nation, having received straight-A Safety Grades for 15 consecutive years.
- NMH was named as one of the 100 Great Hospitals in America by *Becker’s Hospital Review*.<sup>22</sup> NM Delnor was named as one of the 100 Great Community Hospitals in America by *Becker’s Hospital Review*.<sup>23</sup>
- The Human Rights Campaign Healthcare Equality Index rated NMH, NM LFH, NM CDH, NM Delnor and NM Kishwaukee as LGBTQ Healthcare Equality Leaders in recognition of their efforts to adopt LGBTQ-inclusive policies and practices.<sup>24</sup>
- The Centers for Medicare and Medicaid Services (CMS) rated NM Delnor, NM Valley West and NM McHenry as five-star hospitals, the highest possible overall ranking for quality.<sup>25</sup>
- NM Kishwaukee and NM Valley West maintain Baby-Friendly Designation from Baby-Friendly USA (BFUSA), a global initiative launched by the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) to encourage and recognize hospitals and birthing centers that offer an optimal level of care for infant feeding and mother/baby bonding.<sup>26</sup>

### **Relationship With Northwestern University Feinberg School of Medicine**

Working together as Northwestern Medicine (NM), NMHC and Feinberg share a vision to transform medical care through clinical innovation, breakthrough research and academic excellence to make a positive difference in people’s lives and the health of our communities. NM is a fully integrated academic health system. NMHC, through its affiliates, and Feinberg share a mutual commitment to the tripartite mission of clinical care, teaching and research. NMH is the primary clinical training site for Feinberg, including the graduate medical education programs sponsored by McGaw Medical Center of Northwestern University (McGaw). NMG is the primary faculty practice plan for Feinberg, and NMG providers with Feinberg faculty appointments participate in the coordination of clinical instruction to clinical trainees of Feinberg.

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<sup>21</sup> Leapfrog Hospital Safety Grade, <https://www.hospitalsafetygrade.org/>.

<sup>22</sup> 2020, *100 Great Hospitals in America*, Becker’s Hospital Review, <https://www.beckershospitalreview.com/lists/100-great-hospitals-in-america-2020.html>.

<sup>23</sup> 2019, *100 Great Community Hospitals*, Becker’s Hospital Review, <https://www.beckershospitalreview.com/100-great-community-hospitals-2019.html>.

<sup>24</sup> HEI 2020 LGBTQ Healthcare Equality Leaders, Human Rights Campaign, <https://hrc-prod-requests.s3-us-west-2.amazonaws.com/resources/HEI-2020-FinalReport.pdf>.

<sup>25</sup> 2020, *The 407 hospitals with 5 stars from the CMS*, Becker’s Hospital Review, <https://www.beckershospitalreview.com/quality/the-407-hospitals-with-5-stars-from-cms.html>.

<sup>26</sup> The Baby-Friendly Hospital Initiative, Baby-Friendly USA, <https://www.babyfriendlyusa.org/about/>.

Expansion of the Health System and increased collaboration has facilitated expansion of medical education across the region. The faculty of Feinberg and NMH work with our campus partners — Ann & Robert H. Lurie Children’s Hospital of Chicago and Shirley Ryan AbilityLab<sup>27</sup> — to connect discoveries to the point of care, accelerate scientific breakthroughs and enable comprehensive training experiences. NM LFH operates the Northwestern McGaw Family Medicine Residency at Lake Forest, and its residents also train at Erie HealthReach Waukegan (Erie Waukegan), a local federally qualified health center (FQHC). In 2019, the Health System launched the Northwestern McGaw Family Medicine Residency at Delnor. Key clinical sites include NM Delnor, Northwestern Medicine Family Medicine Geneva and NM CDH. McGaw residents benefit from exposure to specialty clinical services including pediatrics, behavioral health, neurology and orthopaedics through rotations at NM CDH.

Historically and ongoing, NMHC has provided substantial financial support to Northwestern University (NU) to advance the academic mission of Feinberg. Initiatives where there is a direct link between funding provided by NMHC to NU for Feinberg activities, including in the realms of research and education, are discussed in this report. Nonetheless, NMHC and NU, including Feinberg, remain separate institutions. As NU and Feinberg are not under the corporate umbrella of NMHC, the value and scope of the community benefits activities provided separately by those institutions are not counted in the NMHC community benefits totals.

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<sup>27</sup> Formerly the Rehabilitation Institute of Chicago.

## **NMHC's Community Benefits Plan and Community Health Needs Assessments**

NMHC's mission sets forth our commitment to improve the health of the communities we serve and to advance medical research and education, *one patient at a time*. The Community Benefits Plan describes the broad-reaching goals that support this commitment and address our responsibility as a tax-exempt organization. The Department of External Affairs develops and maintains a Community Benefits Plan for the Health System, which is executed at the hospital level to best meet the needs of our local communities. Reviewed annually and revised as needed, the objectives of the Community Benefits Plan are to:

1. Provide quality medical care, regardless of the patient's ability to pay.
2. Honor Northwestern Medicine's mission and commitment to the community.
3. Be responsive to the assessed needs of the local community served by each hospital.
4. Forge relationships with local community organizations to help address social determinants of health.
5. Evaluate the public health impact of Northwestern Medicine programming, and replicate by geography and/or disease state with sensitivity to the individual needs of our patients, their families and the communities we serve.
6. Leverage our strengths as a premier academic health system to train the next generation of caregivers and utilize evidence-based models for community health engagement.
7. Leverage our bond with Northwestern University Feinberg School of Medicine to be leaders in quality, academic excellence, scientific discovery, patient safety and research-informed treatment.

Aligned with our mission and Community Benefits Plan, and in accordance with the requirements of the Patient Protection and Affordable Care Act (ACA), each of the Health System hospitals works with community and campus partners every three years to complete a comprehensive Community Health Needs Assessment (CHNA) that identifies the highest-priority health needs of residents of its CSA.<sup>28</sup> For purposes of this report, for the fiscal year ended August 31, 2020, NM McHenry, NM Huntley and NM Woodstock<sup>29</sup> together completed a CHNA cycle on August 31, 2020. NMH and NM LFH each completed a new CHNA cycle on August 31, 2019. NM CDH, NM Delnor, NM Kishwaukee, NM Valley West and MRH were implementing programs based on CHNAs completed in 2018. All CHNAs for the Health System are available online at [nm.org/about-us/community-initiatives/community-health-needs-assessment](http://nm.org/about-us/community-initiatives/community-health-needs-assessment).

With Feinberg, NMHC brings to bear the resources of a world-class, integrated academic health system to advance our Community Benefits Plan and CHNA initiatives in ways that could not be achieved as stand-alone hospitals. Providing better care closer to home allows our communities access to the latest developments in education and research that previously may not have been available at the community level. This includes:

- Seeking root causes to health conditions, and collaborating with scientists and clinicians to develop solutions
- Enhancing access to health care
- Improving clinical quality

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<sup>28</sup> See section titled "Populations and Communities Served by NMHC" for CSA definition.

<sup>29</sup> As the three hospitals providing comprehensive care to the broader McHenry County community, NM McHenry, NM Huntley and NM Woodstock completed a joint CHNA in 2020.

- Advancing medical innovation
- Ensuring that a highly skilled healthcare workforce is in place for decades to come
- Addressing the social determinants of health

CHNAs provide information that enables hospitals to identify health issues of greatest concern among residents in their communities and decide how best to commit resources to those areas, thereby making the greatest possible impact on community health status. NMHC employs a systematic, data-driven approach to determine the health status, behaviors and needs of the residents of each hospital's community. Each CHNA serves as a tool toward reaching three goals:

1. Improve residents' health status, increase their life spans and elevate their overall quality of life. A healthy community is one where its residents suffer little from physical and mental illness and also enjoy a high quality of life.
2. Reduce health disparities among residents. Population segments that are most at risk for various diseases and injuries can be identified by gathering demographic information along with health status and behavior data. Intervention plans aimed at targeting these segments may then be developed to combat some of the socioeconomic factors that have historically had a negative impact on residents' health.
3. Increase access to preventive services for all community residents. Preventive services are beneficial in accomplishing the first goal (improving health status, increasing life spans and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

The CHNAs and corresponding implementation strategies were developed with input from community healthcare organizations and other social services and public organizations that understand and help represent the wide-ranging healthcare needs of the residents in our communities. For FY20, each hospital implemented programs to address the identified priority health needs shown in Figure 1.

**FIGURE 1: FY20 NMHC IDENTIFIED PRIORITY HEALTH NEEDS**

Priority Area	NMH	NM LFH	NM CDH	NM Delnor	NM Kishwaukee	NM Valley West	MRH	NM Huntley	NM McHenry	NM Woodstock
Access to Health Care, Access to Community Resources	X	X	X	X			X	X	X	X
Injury Prevention							X			
Mental Health and Substance Abuse, Behavioral Health <sup>30</sup>		X	X	X	X	X		X	X	X
Maternal and Child Health					X	X				
Chronic Disease <sup>31</sup>		X	X	X	X	X	X	X	X	X
Promoting Independence in Individuals With Disabilities							X			
Adolescent Health					X	X				
Social Determinants of Health, Economic Vitality and Workforce Development, Structural Inequalities, Violence and Community Safety	X	X						X	X	X

The CHNA implementation plans are grounded in public health models developed with our community partners and Feinberg faculty, in which residents of our communities are informed and able to make healthy lifestyle choices, manage their chronic health conditions and receive medically necessary healthcare services in the most appropriate setting.

We believe that our mission to improve the health of the communities we serve is best accomplished in collaboration with partners in both the community and within the organizations that comprise Northwestern Medicine, including the Health System and Feinberg. Our affiliations with community-based healthcare and community partners enable the Health System’s organizations to meaningfully improve access to high-quality health care and implement targeted programs that address the highest-priority health needs of the community.

<sup>30</sup> NMH addresses Mental Health through the prioritized health need of “Access to Health Care and Community Resources.”

<sup>31</sup> NMH addresses Chronic Disease through the prioritized health need of “Access to Health Care and Community Resources.”



## **NMHC Community Roles**

### **Provide Quality Care, Regardless of the Patient's Ability to Pay**

With a mission-driven commitment to provide quality medical care regardless of the patient's ability to pay, we maintain our dedication to improve the health of the most medically underserved members of our community.

NMHC's financial assistance programs and outreach services continue to expand so that we are able to serve the most vulnerable in our communities. Through our financial assistance programs and Presumptive Eligibility policy, NMHC continues to provide medically necessary health care for those in need.

Many NMHC hospitals are leaders in providing charity care in their respective communities. NMH is the third-largest provider of charity care in Illinois.<sup>32</sup> In Chicago alone, more than 24,500 Chicagoans received free or discounted care from NM in FY20. Further, NM hospitals are the leading providers of charity care in DuPage, DeKalb and McHenry counties.<sup>33</sup> The unreimbursed cost of charity care for NMHC was approximately \$89.7 million in FY20.

Along with some of the area's safety-net hospitals, NMH has been among the top providers of care under the Medicaid program in Illinois for more than 15 years. Based on the most recently available information from the Illinois Department of Healthcare and Family Services, NMH is the sixth-largest provider of Medicaid services among acute-care hospitals in Illinois when measured by both total Medicaid inpatient days and Medicaid admissions. Several other NMHC hospitals are also the top Medicaid providers in their respective communities. NM CDH is the single-largest Medicaid provider in DuPage County; NM Kishwaukee and NM Valley West are the top Medicaid providers in DeKalb County; and NM, through care provided by NM McHenry, NM Huntley and NM Woodstock, is the largest Medicaid provider in McHenry County.<sup>34</sup> NM LFH continues to experience the highest growth rate in Medicaid days and admissions among Lake County hospitals. Driven by the continued participation of NMHC in Illinois' Medicaid program, the total cost of care provided under government-sponsored Medicaid and Medicare programs increased in FY20. In FY20, the unreimbursed cost of Government Sponsored Indigent Health Care services for NMHC totaled approximately \$866.7 million.

Bad debt is driven in part by patients under active treatment who encounter network restrictions or changes in coverage limits when their healthcare insurance changes. Similarly, if an insurer denies coverage while a patient is under active treatment, NMHC continues to provide care for these patients through the duration of their treatment, even if not reimbursable. Together, these contribute to the cost of bad debt.

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<sup>32</sup> 2020, Illinois Department of Public Health.

<sup>33</sup> *Id.*

<sup>34</sup> 2019, Illinois Department of Healthcare and Family Services, the most recent information available. The analysis does not include rehabilitation, psychiatric or long-term care hospitals. This report includes both pediatric and adult patient admissions and days. NMH provides pediatric care to infants born at NMH or transferred to its Neonatal Intensive Care Unit from area hospitals as a result of its participation as a Level III provider in the Perinatal Network of Northeastern Illinois. However, NMH does not have a pediatric program; children account for 47% of all patients on Medicaid.

A comprehensive regional health system includes healthcare provided beyond hospitals and health systems, including a robust public health function, coordinated emergency management, behavioral health and substance abuse programs, long-term health care, and others. NMHC contributes to regional health systems through leadership, providing expertise, and ongoing support of high-quality programs that predictably and consistently result in a loss to NM. These services range from trauma care to comprehensive behavioral health services and community-based programs. NM hospitals collaborate with private and public health organizations to ensure a full spectrum of high-quality, well-coordinated healthcare services is available in the communities we serve. In FY20, the net cost of subsidized healthcare services provided by NMHC totaled approximately \$33.3 million.

In total, NMHC contributed approximately \$1.03 billion to charity care, other unreimbursed care, subsidized health services and bad debt in FY20.

#### *Financial Assistance at NMHC*

NMHC is committed to providing financial assistance under the charity care, Presumptive Eligibility and other programs to Illinois residents who cannot afford to pay. To best meet patients' needs, two financial assistance policies were in place across the Health System in FY20. Both policies fully comply with the Illinois Fair Patient Billing Act, the Illinois Hospital Uninsured Discount Act and other relevant laws, and are described in further detail below.

#### Financial Assistance at NMH, NM LFH, NM CDH, NM Delnor, NM Kishwaukee, NM Valley West, MRH, NMG and NM RMG

The NMHC Financial Assistance Policy in effect during FY20 applied to NMH, NM LFH, NM CDH, NM Delnor, NM Kishwaukee, NM Valley West, MRH, NMG and NM RMG. Free and discounted care is available to those seeking care at the above-named entities based upon the following program criteria:

- The Financial Assistance Policy measures patient income against the U.S. Health and Human Services Federal Poverty Guideline, known as the federal poverty level (FPL),<sup>35</sup> to determine eligibility. In FY20, the NMHC Financial Assistance Policy was expanded to provide 100% free care to uninsured patients with incomes less than or equal to 250% of the FPL for medically necessary services.<sup>36</sup> Discounted care is available for uninsured patients earning 251% to 600% of the FPL.
- For insured patients, the Financial Assistance Policy waives out-of-pocket expenses, except co-pays, for medically necessary services for patients with incomes less than or equal to 250% of the FPL. Discounted care is also available for medically necessary non-covered services for insured patients earning 251% to 600% of the FPL.

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<sup>35</sup> The FPL in calendar year 2020 was \$26,200 for a family of four living in the 48 contiguous states.

<sup>36</sup> The NMHC Financial Assistance Policy was amended to increase the FPL threshold for 100% free care from 200% of FPL to 250% of FPL.

- The Financial Assistance Policy also includes a Catastrophic Program for qualifying patients with household income between 251% and 600% of the FPL. (Patients at or below this level are eligible for free care.) Under this program, the patient's total responsibility will not exceed, during any 12-month period, 25% of the patient's household income, with payments spread over a three-year period.
- Patients seeking care at NMHC emergency departments receive care regardless of their ability to pay and irrespective of their willingness to apply for financial assistance.

#### Financial Assistance at NM McHenry, NM Huntley and NM Woodstock<sup>37</sup>

The Centegra Health System Financial Assistance Policy in effect during FY20 applied to NM McHenry, NM Huntley and NM Woodstock. As of September 1, 2020, the financial assistance policies at NM McHenry, NM Huntley and NM Woodstock are aligned with NMHC.<sup>38</sup> Free and discounted care is available to those seeking care at the above-named entities based upon the following program criteria:

- The Financial Assistance Policy measures patient income against the U.S. Health and Human Services Federal Poverty Guideline, known as the federal poverty level (FPL),<sup>39</sup> to determine eligibility. Uninsured patients with incomes less than or equal to 200% of the FPL receive 100% free care for medically necessary services. Discounted care is available for uninsured patients earning 201% to 600% of the FPL, inclusive of covered, non-covered and underinsured patients.
- The Financial Assistance Policy also includes a program to limit a household's annual responsibility for qualifying patients with household income between 201% and 600% of the FPL. (Patients at or below this level are eligible for free care.) Under this program, the patient's total responsibility will not exceed, during any 12-month period, 25% of the patient's household income.
- Patients seeking care at NMHC emergency departments receive care regardless of their ability to pay and irrespective of their willingness to apply for financial assistance.

#### Additional Services and Patient Support

- In circumstances where patients (or guarantors) are not able to provide evidence of eligibility for the NMHC Financial Assistance Policy, NMHC hospitals may make an assessment of eligibility using third-party and public information. In this way, eligible patients can automatically receive the benefit of the program. In addition, in accordance

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<sup>37</sup> In an effort to increase system alignment, Centegra Physician Group (CPG) was merged with NM RMG on May 1, 2019. NM RMG provides financial assistance through the NMHC Financial Assistance Policy.

<sup>38</sup> In accordance with Illinois and IRS regulations, the Centegra Health System Financial Assistance Policy remained in effect for two years following Centegra Health System's merger with NMHC. To further improve alignment across the Health System, the Centegra Health System Financial Assistance Policy expired on September 1, 2020. As of September 1, 2020, the NMHC Financial Assistance Policy also applies to NM McHenry, NM Huntley and NM Woodstock.

<sup>39</sup> The FPL in calendar year 2020 was \$26,200 for a family of four living in the 48 contiguous states.

with law, patients meeting specified criteria may be presumed eligible and not required to complete a financial assistance application (Presumptive Eligibility program).

- Patients (or guarantors) may apply for financial assistance even after collection efforts have been made and after an account has been referred to a third-party collection vendor. Third-party collection vendors are required to suspend collection efforts and refer accounts back to NMHC entities if they learn a patient has applied for financial assistance, or if they can determine that a patient may be eligible for financial assistance.
- Interest-free installment payment plans of up to 36 months at NMH, NM LFH, NM CDH, NM Delnor, NM Kishwaukee, NM Valley West, MRH, NMG and NM RMG — as well as under the Catastrophic Program, for patients with large balances or other financial hardships — are made available to patients unable to pay their account balance in one payment.
- Uninsured patients at NM McHenry, NM Huntley and NM Woodstock with a household income up to 600% of FPL are not required to pay more than 135% of NM's cost to provide services (estimated to result in a 60% to 65% discount off of charges). Additionally, all patients can establish monthly, interest-free installment payment arrangements.
- Patients can learn about and assess their eligibility for financial assistance programs with the help of teams of financial counseling and patient financial inquiry representatives. These representatives are available on a walk-in basis or by appointment at NMH, NM LFH, NM CDH, NM Delnor, NM Kishwaukee, NM Valley West, MRH, NM McHenry and NM Huntley. An eligibility specialist is available at NM Woodstock. Financial assistance representatives can be reached by phone at any NMHC entity.
- To increase awareness of financial assistance programs, all NMHC entities have developed financial assistance policies, summaries, applications and/or other literature available in English, Spanish, Arabic, Bosnian, Chinese, Hindi, Korean, Polish, Russian, Urdu and Vietnamese. Signs are displayed in patient registration areas including emergency departments. Patients may also learn about financial assistance programs and obtain a financial assistance application for all NMHC entities at [nm.org/patients-and-visitors/billing-and-insurance/financial-assistance](http://nm.org/patients-and-visitors/billing-and-insurance/financial-assistance) (available in each of the aforementioned languages). Interpreters are available at no cost to provide financial counseling in the patient's preferred language.
- Processes are in place to link patients with financial counselors when financial hardship is identified as a concern during clinical social services assessments.
- Working in conjunction with clinical staff, financial counselors at NMHC hospitals visit uninsured inpatients while they are still under hospital care to assist them in determining their eligibility for both government health programs and for programs available under the applicable financial assistance policy. Those not eligible for coverage

under government health programs are immediately provided information about the applicable financial assistance policy. There is no minimum-services threshold required to receive this service. Some NMHC institutions utilize third-party representatives to assist with this process.

- In FY20, NMH and NM LFH started the NM Drug Replacement Program through which staff work with drug manufacturers to enroll patients in assistance programs to ensure patients are able to afford their medication. Efforts are underway to expand this program across the Health System. Third-party representatives assist with this process.
- NM CDH and NM Delnor conduct community outreach to increase awareness of their financial assistance programs by stocking application packets at local food banks as well as through partnerships with Access DuPage, Engage DuPage and VNA Health Care. NMH, NM LFH, NM McHenry, NM Huntley, NM Woodstock and NMG partner with local FQHCs and other community organizations to facilitate access to NMHC's financial assistance programs.
- NM CDH facilitates patients accessing expanded health insurance through involvement with the DuPage Health Coalition's Silver Access DuPage program. The program helps qualifying patients with low income upgrade to higher-level insurance plans on the ACA exchanges by providing subsidies to cover the cost difference between lower- and higher-level insurance plans.
- All NMHC institutions inform uninsured patients and those with an outstanding balance after insurance of the availability of the applicable financial assistance programs in written correspondence. This information includes the phone number for financial counselors.
- Registration staff and financial counselors continue to receive ongoing staff education and training to ensure that employees who register patients and those who provide financial counseling fully understand and are aware of the range of financial assistance programs available for patients. As part of NMHC's annual compliance training, all staff members are made aware of NMHC's financial assistance program and what to do if a patient expresses financial hardship.
- All NMHC entities have on-site staff available to assist patients with the application process.
- Patients from Near North Health Services Corporation, Erie Family Health Centers and CommunityHealth can use documentation already completed at community-based sites to apply for the financial assistance programs at NMH, NM LFH and NMG. Patients from the Family Health Partnership Clinic can use documentation already completed at its community-based site to apply for the financial assistance programs at NM McHenry, NM Huntley and NM Woodstock. NMHC may request additional information as necessary for patient financial assistance approval; this includes patients requiring surgery or complex services.

- For patients requiring shared health services across NMHC entities, financial counselors coordinate the financial assistance application and approval process across those entities.
- NMH, NM LFH, NM CDH, NM Delnor, NM Kishwaukee and NM Valley West provide financial counseling services in their respective emergency departments. NM McHenry, NM Huntley and NM Woodstock make eligibility specialists available to patients in their emergency departments. Through these initiatives, patients are offered help in applying for financial assistance through the appropriate financial assistance programs. However, as stated above, NMHC provides medically necessary services regardless of a person's ability to pay and irrespective of their ability or willingness to apply for financial assistance.
- On a case-by-case basis, NMH evaluates patients who are medically cleared for discharge, but who require permanent custodial care, have no identified support resources, and who are not eligible for government-sponsored programs. In select instances, NMH has funded long-term placement of these individuals in post-acute care or residential settings.
- Additional financial assistance has been provided to patients during the COVID-19 pandemic.
  - Upon patient request, NMHC has delayed monthly payments and discontinued automatic payments for those experiencing economic hardship.
  - The financial assistance team expanded outreach efforts and reduced paperwork requirements to help reduce patient inconvenience.
  - NMHC worked with patients who received any COVID-related diagnosis to hold patient billing statements and to work with their insurance to ensure it was properly applied with maximum benefits.
  - NMHC also worked with the Health Resources and Services Administration (HRSA) for reimbursement for self-pay patients in order to reduce patient liability.

### *Increasing Access to Healthcare Services*

NMHC's commitment to our patients and communities has never been more evident as during the COVID-19 pandemic. The simultaneous demand for access to lifesaving healthcare services, rapid scientific discovery, immediate development of novel treatments, participation in expansive public health strategies, and response to our communities' basic needs for food, personal protective equipment (PPE) and reliable information was met in a way that only an organization of dedicated caregivers could respond — through relentless, compassionate delivery of uncompromised, high-quality care.

Through the course of the pandemic, NMHC not only provided the highest level of care for patients in our communities, but also continued to expand upon our commitment to improve access to care. From deepening relationships with FQHCs and community clinics, to improving telehealth collaborations and expanding transitional care programs, FY20 was a year of reinvigorated commitment to improving the health of our communities.

## Front Line of the Fight Against COVID-19

Reports of a novel coronavirus, SARS-CoV-2, began surfacing in December 2019. Within months, the World Health Organization (WHO) declared COVID-19, the illness caused by SARS-CoV-2, as a pandemic and, on March 13, 2020, the United States declared a national emergency to combat the virus.<sup>40</sup> COVID-19 has since affected virtually every aspect of life, sickened more than 100 million people worldwide, and killed more than 2 million.<sup>41</sup> Illinois has reported more than 1 million cases and more than 17,000 deaths.<sup>42</sup> Of the total numbers in Illinois, more than 600,000 cases and nearly 10,000 deaths have been reported in communities served by the Health System.<sup>43</sup>

Honoring our mission to provide quality medical care regardless of the patient's ability to pay, NMHC provided a full spectrum of care for patients with COVID-19 across the communities we serve. From education and testing to treatment and rehabilitation, NMHC physicians, nurses and support staff have been on the front lines of the pandemic. NM's reputation for excellence led many patients to seek care at our hospitals. In Chicago alone, more than 43% of patients treated at NMH reside on the city's South and West Sides. Each NMHC hospital provided care to patients from high-hardship areas in their respective communities and together the Health System had the second largest number of discharges from high hardship zip codes in Illinois. Through FY20, the Health System was among the largest providers of COVID-19 care to patients from high hardship zip codes in our communities.

At the onset of the pandemic, NM set up access channels so that community members could seek out trusted information, speak directly with clinical staff and access appropriate care. NM established a website dedicated to information about the virus as well as a COVID-19 Hotline to be a resource for those in the community seeking information, symptom screening and testing referrals.<sup>44</sup> At the time, the hotline and website were among the first, free resources providing trusted information on COVID-19 to the public. Within a week, a skilled cohort of nurses were assessing callers to the hotline based on risk factors, including comorbidities and age, and

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<sup>40</sup> The White House, Proclamation on Declaring a National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak, March 13, 2020, <https://www.federalregister.gov/documents/2020/03/18/2020-05794/declaring-a-national-emergency-concerning-the-novel-coronavirus-disease-covid-19-outbreak>.

<sup>41</sup> Johns Hopkins University of Medicine, Coronavirus Resource Center, <https://coronavirus.jhu.edu/>. Accessed February 2021.

<sup>42</sup> Illinois Department of Health, Coronavirus 2019 (COVID-19), <https://www.dph.illinois.gov/covid19>. Accessed December 2020.

<sup>43</sup> *Id.* Combination of data for Chicago and Cook, Lake, DuPage, Kane, McHenry and DeKalb Counties: proxies for NMHC CSAs. Accessed December 2020.

<sup>44</sup> NMHC's COVID-19 Hotline was offered as a service to the community without expectation of reimbursement. At the time of filing of this report, there remains a possibility that NMHC could receive partial reimbursement for the cost of this program from the Federal Government either from the Federal Emergency Management Agency (FEMA) or the Coronavirus Aid, Relief, and Economic Security (CARES) Act. NMHC has not included the cost of providing the COVID-19 Hotline service in our FY20 Community Benefits totals. The service is included in this narrative to demonstrate NMHC's commitment to the community during the COVID-19 pandemic.

writing testing referrals based on those risk factors. During a time when testing resources were scarce, this program provided a critically important mechanism to ensure patients at highest clinical risk were tested and treated efficiently.

On March 24, 2020, the Health System launched a program to monitor and support patients who tested positive for COVID-19 but did not require hospitalization.<sup>45</sup> NM's Information Services (IS) team built an electronic health record (EHR) registry and patient questionnaire. A team of hundreds of nurses, advanced practice providers, medical students and attending physicians was assembled to clinically monitor and communicate with patients in the program. Patients were added to the registry by nurses triaging patients through the COVID-19 Hotline, Emergency Department (ED) staff and hospital medical staff. Patients in the registry were directed to complete the questionnaire every morning. Based on their responses, patients were then divided into two categories: (1) those with mild symptoms, and (2) those with concerning symptoms. Members of the clinical team monitored the registry daily and contacted patients with concerning symptoms to provide information, determine whether clinical care was needed, explain how to access care, and identify nonclinical issues, like food insecurity, that could impact health. The Health System underwrote the cost of the program and did not bill patients or payors for the service.

As industry-wide testing capacity was expanded and stabilized, the Health System established efficient and reliable processes for screening patients for COVID-19. Anyone calling the COVID-19 Hotline is triaged to determine whether or not they should be tested for COVID-19.

To improve access to care, the Health System worked with community partners, including Federally Qualified Health Centers (FQHCs), health clinics and other healthcare providers, to support testing in the communities we serve. NMH provided and delivered test kits to Rush University Medical Center to help test patients experiencing homelessness on Chicago's West Side. Building on their long-standing relationship, NMH collaborated with CommunityHealth, a free clinic on the West Side of Chicago, to process and result COVID-19 test specimens from their patients. NMH underwrote the cost of these initiatives.

#### Strengthening Community Clinical Relationships

Through the CHNA process, access to care is identified as the most pressing need in each of the communities we serve. Key to addressing this need is access to primary care providers in a convenient setting, often through the long-standing relationships our hospitals have developed with community clinical providers in each of their respective communities. FQHCs are community-based healthcare providers that receive funds from the United States Health Resources and Services Administration (HRSA) Health Center program. FQHCs provide primary care in underserved areas; NMHC collaborates with FQHCs to ensure we are meeting the needs

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<sup>45</sup> NMHC's patient monitoring program was offered as a service to the community without expectation of reimbursement. At the time of the filing of this report, there remains a possibility that NMHC could receive partial reimbursement for the cost of this program from the Federal Government either from FEMA or the CARES Act. NMHC has not included the cost of providing the patient monitoring service in our FY20 Community Benefits totals. The service is included in this narrative to demonstrate NMHC's commitment to the community during the COVID-19 pandemic.



of patients closer to where they live and work. Recognizing the importance of community collaboration, NMHC worked to strengthen many of its FQHC relationships in FY20.

Within the city of Chicago, NMH has long-standing relationships with two major FQHC organizations — Erie Family Health Centers (Erie) and Near North Health Services Corporation (Near North) — and a free health clinic, CommunityHealth. NMHC provides grant funding and care coordination to each of these organizations to support expanded access to health services for underserved patients in Chicago and the surrounding areas. Through support from NMHC, Erie, Near North and CommunityHealth are able to enhance their efforts to provide quality care in a community setting, with consideration for the culture and environment in which patients live. This includes expanded access to clinical care, improved care coordination and Education-Centered Medical Home (ECMH) student clinics, covered in depth later in this report.

NMH and Near North have collaborated to serve the community for more than 50 years. Near North is one of the largest providers of community-based primary health care in Chicago to individuals and families who are medically indigent and uninsured, with eight health centers located in low-income communities on the North, West and South Sides of Chicago. NMH supports Near North's efforts to provide a coordinated system of charitable care and services to patients who are low-income, uninsured and residents of Cook County. Through an affiliation agreement between NMH and Near North, the organizations have established a system for referral into specialty care. Many patients who are referred to the Health System for care from our community affiliations — including from Near North — receive free or substantially discounted services. Other patients receive care that is underwritten as part of NMHC's Community Service Expansion Program (CSEP), which covers costs associated with specialty consultations and services, and hospital-based diagnostic services. To enhance access to this care, the Health System continues to refine processes that make the transition of patients from community organizations to NMHC entities more efficient while still incorporating Presumptive Eligibility requirements.

NMH provides grant funding to Near North to support access to behavioral and comprehensive health care, to link patients to community resources, to support community nutrition education and to support expanded clinical education programming. By embedding residency and medical education programs in the community clinical setting, NMH is able to increase the capacity of community clinics and provide medical students early and comprehensive education exposure to team-based medicine in an authentic outpatient environment. NMH expanded these efforts at Near North in FY20 with grant funding of more than \$900,000.

In response to the critical need to expand access to primary care for residents of Lake County who are uninsured and underinsured, NM LFH worked with Erie to open Erie HealthReach Waukegan (Erie Waukegan) in 2014. More than 90% of Erie Waukegan patients are low-income, with 64% covered by Medicaid and 27% uninsured. Erie Waukegan provides affordable, culturally sensitive health care to more than 9,500 patients annually in Lake County, many of whom are from Hispanic and/or immigrant backgrounds. The clinic is also a primary learning site for the Northwestern McGaw Family Medicine Residency at Lake Forest.

In FY20, NM LFH recommitted its support to Erie Waukegan and the Lake County community through a three-year, \$1.8 million grant. The grant is aimed at supporting expanded access to medically necessary health care, including primary care, behavioral health care and

comprehensive case management. Through this grant support, Erie Waukegan was able to hire additional clinical staff, expand telehealth capabilities, address social determinants of health and improve case management.

Access to care for patients who are low-income and uninsured continues to be an issue in DuPage and Kane counties. To help combat this issue, in 2016, the Health System entered into an affiliation agreement with VNA Health Care (VNA) aimed at increasing access to preventive medicine and promoting healthy lifestyles. VNA is a patient-centered, community-based healthcare provider serving the Chicago suburbs with convenient and compassionate health care. Through this agreement, NM CDH and NM Delnor serve as admitting hospitals for VNA providers as well as provide access to ancillary services and administrative resources.

The above are just some examples of the clinical community relationships the Health System has cultivated to help improve access to care in our communities. NMHC greatly values each of these relationships, and in FY20, the Health System began an executive-sponsored key initiative to streamline and strengthen these relationships. The initiative aims to develop a common approach for collaborating with our clinical community partners to serve those who are uninsured and underinsured.

In the early days of the COVID-19 pandemic, a severe global shortage of personal protective equipment (PPE) significantly impacted the healthcare industry. Ensuring adequate PPE for healthcare workers is a key component of infection prevention and control, and is prerequisite to maintaining safe access to healthcare services. Many smaller clinical providers in our communities faced extreme difficulty in securing adequate PPE for their staff, as supply chains either could not provide PPE or charged prices that had skyrocketed; without PPE, they would not have been able to continue to safely provide care. NMHC donated more than \$1.2 million worth of supplies, including N95 respirators, hand sanitizer, gloves, isolation gowns and surgical facial shields, and education for the proper use of PPE to clinical organizations. Benefiting organizations included:

- Aunt Martha's
- CommunityHealth
- DuPage County Health Department
- Erie and Erie Waukegan
- Family Health Partnership Clinic
- Greater Elgin Family Care Center
- Michaelson Healthcare Center
- Near North
- Northwest Community Hospital
- Rush Oak Park Hospital
- St. Margaret's Hospital
- Tri City Health Partnership
- VNA

## Coordinating Care Transitions for Vulnerable Populations

Care transition refers to the process in which a patient moves from one healthcare setting or provider to another. When care is effectively transitioned, the sending and receiving caregivers share essential clinical information, communication is clear, patients are active participants and well-informed, and care is continued in a seamless manner. Poorly managed transitions can result in preventable health complications, increased costs and potentially unnecessary readmissions. Researchers estimate that inadequate care coordination results in \$25 billion to \$45 billion in wasteful spending each year.<sup>46</sup> While hospitals have historically directed efforts to reduce readmissions by focusing on components such as quality care during hospitalization and the discharge planning process, multiple factors beyond hospitalization and discharge can result in poor care coordination.

Transitioning between care settings or providers can be especially difficult for patients who are medically complex or vulnerable. Those without a primary care provider often seek care in hospital emergency departments for both routine illnesses and treatment of unmanaged chronic medical conditions. Because hospital emergency departments are designed for treatment and stabilization of acute episodes of injury and illness, they are not positioned to provide primary care or the kind of ongoing care needed by patients with complex or chronic illnesses. Patients seen in an emergency department are typically instructed to schedule follow-up care with their medical home. When patients do not have an established medical home — whether due to lack of health insurance, or gaps or changes in network coverage — or if they experience any of a number of psychosocial, financial, language or literacy challenges, it is unlikely that follow-up care will be a priority, and they may not seek it in a timely manner or at all.

In 2011, NMH launched the Transitional Care Clinic (TCC) to act as a bridge for patients discharged from the emergency department or inpatient unit who lack a regular primary care provider, and who were referred by hospital clinicians because of lack of access to follow-up care. The TCC is comprised of a dedicated team of providers, social workers and health advocates who work to ensure vulnerable patients receive the support, care and service they need. After medically stabilizing and empowering patients so they can function in a traditional office visit, the TCC seeks to transition patients to a primary care provider at an affiliated community clinic, including Near North and Erie, thus establishing a medical home for the patient.

Building on the success of NMH's TCC, in FY20, the Health System expanded the initiative to NM LFH. Through the program, patients who are uninsured or underinsured, are discharged from NM LFH's emergency department, and face psychosocial challenges to navigating their own health care are treated in the NM LFH TCC. When ready, they are referred to Erie Waukegan, which serves as a medical home for many vulnerable patients in Lake County. A dedicated health advocate at NM LFH's TCC works to ensure appropriate care coordination with Erie Waukegan. Designated slots at Erie Waukegan are reserved for these patients, who are then provided with access to holistic medical, mental and oral health services as well as wrap-around support.

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<sup>46</sup> Donald M. Berwick & Andrew D. Hackbarth, "Eliminating Waste in U.S. Health Care," April 11, 2012, p. 1514.

In addition to linking the patient with a primary care provider, the TCC also provides patient education, medication vouchers, assistance with understanding medications, assisting patients with applying for health insurance and connecting patients with other social services agencies to help meet basic needs. Patients often continue to receive medically necessary diagnostic, specialty and inpatient care through the Health System even after their medical home has been established.

By collaborating with our community partners, the TCCs at both NMH and NM LFH are expanding access to care and improving management of chronic or complex medical conditions while working to break the detrimental cycle of seeking non-emergent care in the emergency department.

### Connecting Patients to the Care They Need, Where They Are

Telehealth is the delivery of health care and health-related services via secure technologies. By deploying telehealth capabilities, the Health System is able to connect patients to the care they need where they are, greatly expanding access to care. NMHC offers a broad range of telehealth services, including Telestroke, Telepsych and Pediatric Emergency Care programs. Telehealth services were rapidly expanded in response to the COVID-19 pandemic, and served as an essential lifeline between the Health System and patients at high risk for infection who had straightforward health needs that could be addressed without an in-person appointment.

In February 2020, the Centers for Disease Control and Prevention (CDC) issued guidance for healthcare providers to adopt social distancing practices, including deployment of virtual technologies for clinical services. When COVID-19 arrived in our communities, NMHC pivoted to the rapid adoption of telehealth to help providers continue providing care. These capabilities linked NM care providers directly to the patient, ensuring patients received medically necessary care while reducing the need for in-clinic visits, avoiding unnecessary risk of infection by traveling to a provider's office, and aligning with CDC guidelines. Patients and providers embraced telehealth during the pandemic.

While telehealth utilization grew exponentially during the COVID-19 pandemic, it has been incorporated as an important adjunct into specialty care at NM for many years. The NM Telestroke Network has been especially helpful in the rapid diagnosis of stroke, which is the fifth-leading cause of death and the leading cause of disability in the United States according to the American Stroke Association. When a patient has a stroke, every minute counts, and correctly diagnosing the type of stroke can mean the difference between life and death. Through advances in technology and the deployment of telehealth capabilities, a neurologist can rapidly assess patients with stroke symptoms, even if that specialist is miles away.

Launched in 2013, the NM Telestroke Network now provides 24/7/365 direct access to board-certified vascular neurologists via dedicated telemedicine technology. There are now 12 NM Telestroke Network hospitals in the Chicagoland area, including several safety-net hospitals: NM LFH, NM Grayslake Outpatient Center, CGH Medical Center, Weiss Memorial Hospital, Loretto Hospital, Saint Anthony Hospital, Franciscan Health Crown Point, Franciscan Health Dyer, Franciscan Health Munster, Franciscan Health Hammond, NM Kishwaukee and NM Valley West. To meet the needs of expansion of the NM Telestroke Network, in FY19, the Health System created Sub-Hub: NM CDH. Through this expansion, neurologists at NM CDH provide

consultation to three telesites: CGH Medical Center, NM Kishwaukee and NM Valley West. Continued expansion of the NM Telestroke Network is planned for the coming years. The NM Telestroke program extends advanced care to patients at more locations, including those outside of the Health System; jointly, we provide better care for patients.

In addition to NM's Telestroke program, the NM Mobile Stroke Unit (MSU) is able to bring care directly to the patient when a stroke is suspected. In 2016, NM CDH worked with local Emergency Medical Services (EMS) agencies to operate a specialized ambulance equipped with tools and staff members typically only found within a hospital setting, including advanced imaging, telehealth tools and staff with stroke expertise. These capabilities allow the MSU team to diagnose a stroke on-site, consult directly with an NM neurologist and immediately begin treatment. Rapid intervention can lead to better outcomes, as medication to treat stroke is typically not administered until patients arrive at the hospital.

In FY20, the Health System expanded and improved technology to allow for the integration of telehealth into clinical routines. Building on the NM Telestroke model, psychiatrists began providing Telepsychology emergency electronic consultations (e-consults) at NM LFH, Grayslake Outpatient Center and NM Kishwaukee. Similar programs are being piloted in Cardiology and Neonatology at NMHC hospitals in the western suburbs.

NM CDH maintains a comprehensive clinical partnership with Ann & Robert H. Lurie Children's Hospital of Chicago (Lurie Children's). Lurie Children's at NM CDH Pediatric Outpatient Center offers pediatric patients and their families convenient access to expert medical and surgical care. To further expand access to pediatric services, in FY20 the Health System deployed expanded telehealth capabilities to NM Kishwaukee and NM Valley West. Pediatricians at these hospitals can now schedule e-consults with Lurie Children's neonatologists at NM CDH. The expansion of telehealth services provides pediatric patients with direct access to specialized care within the comfort of their local hospital. Both the patient and parents can interact with the physician during the e-consult, and specialty care follow-up can be scheduled without requiring an in-person visit, significantly reducing transportation and access burdens. Additional telehealth services, including emergency care, are planned for the coming months. Through these collaborations, expert pediatric care is now conveniently available in regional hospitals for communities from Chicago to those in Kane, DuPage, DeKalb and Kendall counties.

NMHC is committed to meeting our patients where they are with efficient, convenient, quality care. Efforts are underway to standardize and optimize telehealth services throughout the Health System. Telehealth will continue to grow across communities and service lines, bringing access to world-class care to a greater patient population in a convenient and flexible manner.

### **Conduct and Support Breakthrough Research**

Academic medicine plays a unique and essential role in the United States healthcare system. Health research specifically has a high value for society. From spurring medical innovation and improving clinical outcomes, to providing information about risk and protective factors, to developing initiatives to address community needs, research improves lives. NM is committed to superior outcomes, academic excellence and scientific discovery.

Feinberg has a national reputation for excellence through its breakthrough research initiatives, premier facilities and innovative curriculum. Research is conducted in all Feinberg departments, institutes and centers, and its scientists are nationally recognized as experts in a multitude of fields. In 2020, Feinberg's faculty members pioneered leading-edge, transformational discoveries that are quickly applied to clinical practice, including in the advancement of the scientific understanding of and medical treatment for COVID-19, as described later in this report. For the 13th consecutive year, Feinberg has placed in the top 20 of research-intensive medical schools. Six of Feinberg's specialty programs were recognized as among the best in the nation: Internal Medicine, Obstetrics and Gynecology, Pediatrics, Psychiatry, Radiology and Surgery.<sup>47</sup>

Feinberg is consistently recognized as a premier research organization, as demonstrated through the amount of funding provided by the National Institutes of Health (NIH). In 2020, Feinberg was again among the top 50 NIH-funded research institutions and is the No. 1 funded NIH medical school in Chicago. In 2019-2020, Feinberg principal investigators secured a record-breaking \$643 million in sponsored research funding and awards, representing a 20% increase in funding over the prior year.

NIH is the primary source of federal funding for medical research, with more than half of its extramural budget invested in research at medical schools and teaching hospitals. However, funding for research at Feinberg also comes from multiple additional sources. Support from NMHC, including operational budgets and grants, and many other private and public sources supplement NIH funding. NMHC's financial support allows Feinberg to both attract top talent and develop highly promising physicians and scientists early in their careers, many of whom later contribute to the research enterprise through NIH and external grants. Many physician-scientists previously supported by NMHC grants are now working under large external grants and producing breakthroughs in multiple disciplines.

NM provides patients with access to groundbreaking new treatment options through an ever-evolving roster of promising clinical trials. More than 4,100 clinical trials and research studies, comprising approximately 242,800 participants, were underway in FY20. While teaching hospitals have long been at the leading edge of developing new technologies to prevent, detect, diagnose and treat a broad range of health issues, the Health System's continued geographic expansion has greatly increased access to clinical trials for patients in community hospitals. Simultaneously, geographic expansion has improved the diversity of the studies' patient populations, which increases the value of research conducted. The expansion and growth of clinical research across the Health System advances NM's vision to be a premier, integrated academic health system.

NMHC provides financial support to cover gaps in funding, to leverage extramural funding and to directly support research. Halfway through the fiscal year, COVID-19 disrupted the healthcare system, and research resources were largely redirected towards fighting the pandemic. Nonetheless, NM has continued to support research initiatives that span disciplines, departments and divisions. In addition to fighting COVID-19 in FY20, funding from NMHC has

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<sup>47</sup> *U.S. News & World Report*, Best Medical Schools: Research, 2021. <https://www.usnews.com/best-graduate-schools/top-medical-schools>.

supported clinical research dedicated to public health, aging and augmented intelligence, among hundreds of other research initiatives.

To continue to advance its research mission, Feinberg expanded its facilities, and in 2019 it opened the Louis A. Simpson and Kimberly K. Querrey Biomedical Research Center (Simpson Querrey Biomedical Research Center), the largest biomedical research building in the United States, on the same campus as NMH. The Simpson Querrey Biomedical Research Center provides critical space for scientists working in the areas of cancer, heart disease, neurodegenerative disorders like Alzheimer's disease, diabetes, epigenetics and genomics, among others, and was significantly expanded in 2020. NMH provided grant funding to support Feinberg's facility and program expansion, and continues to support groundbreaking research at the Simpson Querrey Biomedical Research Center through funding for Feinberg.

NMHC supports the education and research missions of Feinberg by providing the clinical setting for teaching, information to conduct research and education, and significant financial support. In FY20, the net unreimbursed cost of NMHC's contribution to research was approximately \$54 million. Funding from NMHC helped support the research initiatives outlined below, among many more.

#### *Advancing Science to Prevent and Treat COVID-19*

The importance of academic medicine is fully on display as the world battles COVID-19. Academic researchers, including those at NM, have worked around the clock with researchers across the globe to rapidly advance the science to understand, treat and help develop vaccinations to fight the virus. The pandemic is unique because it is a novel virus, meaning this is the first time the organism has been seen in the community. Since COVID-19 began to spread around the world, NM has rapidly mobilized to perform clinical research to determine the most effective way to treat patients as well as to understand the implications and long-term impact of the infection and its unique clinical syndromes.

From high-impact research and drug trials to rapidly developing treatment innovations, NM medical professionals of every discipline immediately engaged in efforts to understand the workings of the virus and mitigate its impact. Recognizing that the pandemic would last for a prolonged period of time, and would require experienced leadership and an incident command organization capable of rapid response, the Health System assigned its top medical and administrative professionals to direct system efforts. At the onset, researchers from Feinberg were recruited to conduct virus data collection and modeling to track the spread of COVID-19 throughout Illinois. Even before a pandemic was declared, on March 7, laboratory professionals across the Health System began using information from the CDC to enable a lab-developed Emergency Use Authorization (EUA) COVID-19 diagnostic test. Laboratory teams have brought the best testing possible to patients and staff through a rigorous, disciplined process of research, validation, training and implementation.

NM faculty and staff activated dozens of research projects targeting COVID-19 treatments, including studies on the effectiveness of the drugs remdesivir and sarilumab. Varied observational studies are ongoing, including examining the impact of the virus on pregnant women, on patients with kidney disease and cancer, and many more. COVID-19 has impacted certain populations, particularly Black and Hispanic communities, at a higher rate than other

populations. In response, NM conducted antibody testing research to investigate the origins of social inequities in COVID-19 across neighborhoods in Chicago. In July 2020, NM launched a COVID Prevention Trials Registry for people interested in participating in COVID-19 clinical trials.

On June 5, surgeons at NM performed the first double-lung transplant in the United States on a patient whose lungs were damaged by COVID-19. The patient, a Hispanic woman in her 20s, had spent six weeks in the COVID-19 ICU. She was kept alive first with a ventilator and then an extracorporeal membrane oxygenation (ECMO) machine, and her lungs showed irreversible damage. The NM lung transplant team listed her for double-lung transplant and, within 48 hours, performed the life-saving procedure at NMH. The highly complex procedure has since been performed seven times at NMH, and all surgeries have been led by Ankit Bharat, MD, chief of thoracic surgery and surgical director of the NM Lung Transplant Program. Through the use of new imaging techniques to analyze damaged lung tissue, NM physicians have found that COVID-19 can produce irreversible damage in some patients, in which case double-lung transplant may be their only option for survival.

At the time of this writing, the fight against COVID-19 is far from over. NM physicians, researchers and medical professionals will continue to innovate methods to prevent and treat COVID-19-related illness and understand its long-term clinical implications. Clinical studies, including a first-of-its-kind study to examine the frequency and severity of neurologic manifestations in patients hospitalized with COVID-19, are ongoing. Vaccination efforts have started, and a Comprehensive COVID-19 Center has opened at NMH to care for patients with long-term complications from the disease. Funding for research and treatment is provided through a combination of NMHC and FSM support as well as through government, private and commercial sources.

#### *Building Alignment Between Community Priorities and Public Health Research*

Feinberg's Institute for Public Health and Medicine (IPHAM) is dedicated to the work of aligning community priorities and academic research interests to accelerate public health initiatives. IPHAM's core principals are to build equitable relationships with community leaders and to frame research questions around community residents' priorities. To further this work, the Alliance for Research in Chicagoland Communities (ARCC), a program of IPHAM, helps support community-engaged research partnerships and projects between community-based healthcare and health-related organizations and Feinberg academic teams. ARCC uses a flexible model for community engagement, with support ranging from fully community-led projects to IPHAM investigators consulting community members to shape the study. The alignment of community resources with the goals of an investigation facilitates program implementation.

IPHAM initiatives are embedded in the communities they are developed to serve. One such initiative was an intervention aimed at addressing the comorbidity of mental health and diabetes in Little Village, a majority-Hispanic neighborhood on Chicago's Southwest Side. The intervention was a collaboration between an IPHAM investigator and community partners including Universidad Popular, Enlace and St. Anthony Community Wellness Program. Through a targeted survey, the coalition assessed risk for diabetes among Hispanic community members. Results of the survey found that low-income, adverse childhood experiences (ACEs) and discrimination aggravated depression and diabetes. Community-based health coordinators — *promotoras* — were engaged to lead an intervention to promote healthy lifestyles. The



intervention led to clinically significant weight loss, and promoted confidence and self-efficacy among participants. IPHAM credits the community for success of the initiative. The Health System helps support community-led efforts by providing operational support for these initiatives.

Through its Seed Grant Program, ARCC supports the development of partnerships that engage communities and stakeholders in research collaboration, and ultimately improve community health and health equity. In 2020, NMH provided direct funding for the ARCC grants and helped identify recipients for the seed grants. Through this collaboration, NMH was able to align funding to address identified priority health needs as determined by NMH's CHNA.

In 2020, ARCC awarded seed grants to 11 community-engaged research partnerships. Each award supports a partnership that includes both a lead from a local community organization and an academic lead from NU, with the goal to ultimately improve health equity. The 2020 award recipients included, among others:

- *A Youth-Led Response to COVID-19: Research and Public Health Focus*  
Chelsea Ridley, Mikva Challenge and Tara Gill, Psychiatry, Feinberg School of Medicine and Ann & Robert H. Lurie Children's Hospital of Chicago
- *Cultivating PEAs: A Partnership to Develop Positive Emotion Ambassadors in Violence Prevention Programs on the South and West Sides of Chicago*  
Soren Larsen-Ravenfeather, READI Chicago (Rapid Employment & Development Initiative), and Elizabeth Addington, Medical Social Sciences, Feinberg School of Medicine
- *Language and Culture as Barriers and Opportunities to Improving the Health of Refugee Women*  
Suzanne Akhras Sahloul, Syrian Community Network, and Melissa Simon, Obstetrics and Gynecology, Feinberg School of Medicine and Robert H. Lurie Comprehensive Cancer Center

### *Multidisciplinary Research on Aging*

2030 will mark an important turning point for demographics in the United States: By 2030, all baby boomers will surpass age 65. More than 73 million Americans (representing one in every five residents) will thus be of retirement age and are projected to outnumber children for the first time in United States history.<sup>48</sup>

New advances in medicine and living standards have fueled this growth. However, the older population will face significant healthcare needs. Building on years of research and collaboration dedicated to promoting the health and well-being of seniors, Feinberg's IPHAM has launched the new Center for Applied Health Research on Aging (CAHRA). The multidisciplinary center will unite Feinberg and Health System faculty across disciplines to investigate the cognitive, psychosocial, community and health system factors that impact a person's ability to manage their health.

Together, IPHAM's portfolio of multidisciplinary research will focus on multiple aspects of aging, with the aim of helping to find models to ensure the United States healthcare system's capacity to respond to the scale of demand presented by the aging baby boomer population. CAHRA will

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<sup>48</sup> 2017 National Population Projections, United States Census Bureau.

focus on six key research programs: (1) Health Literacy and Learning; (2) Cognitive Aging; (3) Psychosocial Support; (4) Life Course Health; (5) Treatment Adherence; and (6) Measurement and Analytics. One recent research study conducted by the center found that targeted interventions to support asthma self-management significantly improved outcomes and medication adherence in older adults. Through research developments like this, CAHRA is working to find ways to ensure the demand for care can be met by the nation's healthcare system, while better engaging patients and their families.

CAHRA will enable NM to contribute to research on aging, improving the quality, effectiveness, safety and equity of healthcare for older adults. NMHC provides funding to directly support CAHRA.

### *Augmented Intelligence Advances Medicine*

NM physicians, researchers and other healthcare professionals are pioneering the use of the latest technology to improve patient care. The Northwestern Institute for Augmented Intelligence in Medicine (I.AIM) is rethinking the use of tools caregivers use, from stethoscopes to electrocardiograms (ECGs) to computerized tomography (CT) scans, to help gain deeper and more individualized insights about our patients. I.AIM explores the application of computational methods — including machine learning, artificial intelligence (AI), pattern recognition, genetic analysis and deep phenotyping of health data — to build useful, responsible tools that uphold our mission to put patients first.

For more than 200 years, the stethoscope has augmented physicians' ability to deliver patient care and served as a symbol of the medical profession. By merging this familiar tool with modern technology, NM researchers are enabling a wider range of highly accurate diagnostic information to be available at the caregiver's fingertips. I.AIM will help shape the development of next-generation biomedical tools, including smart stethoscopes, wearable technology, AI-assisted imaging, digital apps and machine learning. NM I.AIM physicians have participated in a study to develop a new AI model that predicts breast cancer in mammograms more accurately than radiologists, reducing false outcomes. Researchers are also using AI machine learning to reduce the cost and time necessary to determine the health of a woman's placenta after childbirth.

By applying technology to improve care delivery, researchers hope to provide better results, with fewer resources, and in a much quicker timeframe. The Health System helps support the work of I.AIM by providing operational funding support.

### **Educate the Next Generation of Healthcare Leaders and Our Communities**

Working together with Feinberg as Northwestern Medicine, the Health System serves as a premier academic health system teaching site to train the next generation of caregivers. By training physicians, nurses and allied health professionals, teaching hospitals and medical schools play a significant role in addressing the growing shortage of healthcare professionals in the United States. Academic medicine also relies on highly skilled leaders in research and healthcare administration, among many others. NM supports these pathways through internships, fellowships, workforce development and on-the-job training opportunities, including in community-based settings.

## *Training the Next Generation of Healthcare Leaders*

NMHC is committed to training the next generation of healthcare clinicians and leaders to help ensure that the future workforce demands for healthcare providers in the United States can be met.

### Addressing the Growing Physician Shortfall

Teaching hospitals and medical schools are a critical component of the United States healthcare system. According to a new study conducted by the Association of American Medical Colleges (AAMC), the United States is facing a significant physician shortfall of up to 139,000, by 2033.<sup>49</sup> The shortfall is projected in both primary and specialty care, and will continue to widen the gap between healthcare demands and an adequate supply of physicians. The challenge of meeting the needs of our communities is projected to worsen as the country's population continues to age. The need to increase the supply of physicians has only become more evident as we continue to fight the COVID-19 pandemic. Major teaching hospitals are working to address these issues by training the next generation of healthcare leaders.

Those seeking to become physicians require an immense breadth of carefully planned clinical and educational experiences to gain the skills, knowledge and perspectives needed to achieve clinical proficiency. Essential to this education is interaction with patients under the guidance and supervision of experienced physician faculty members who are knowledgeable in the most innovative and effective care guidelines. Patients receiving care in a teaching environment benefit from access to the most updated clinical expertise and from experienced physician oversight that results in high-quality care.

NMHC supports and provides the clinical teaching environment for more than 70 accredited residency and fellowship programs through McGaw. Teaching hospitals and the federal government recognize that providing hands-on training to physicians in residency and fellowship programs is necessary to ensure that an adequate number of physicians will be available to meet patient care demands, both in the short and long term. These programs will also ensure that physicians in sufficient numbers are trained in scientific research and discovery, and can continue to advance medical innovation.

NMH serves as the primary teaching hospital for medical students of Feinberg and for physicians in residency and fellowship programs of the McGaw Medical Center of Northwestern University (McGaw).<sup>50</sup> McGaw offers exceptional training experiences at nationally ranked hospitals and fosters a culture of diversity, innovation and excellence. Feinberg and McGaw attract extraordinarily talented and dedicated students who will be among the nation's top physicians and scientists. More than 1,800 McGaw medical residents, fellows and medical students are

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<sup>49</sup> 2020, *The Complexities of Physician Supply and Demand: Projections from 2018 – 2033*, Association of American Medical Colleges, <https://www.aamc.org/media/45976/download>.

<sup>50</sup> McGaw sponsors graduate medical education programs at its member institutions: NMH, NM LFH, NM Delnor, Northwestern University, Shirley Ryan AbilityLab, Jesse Brown VA Medical Center, John H. Stroger Hospital of Cook County, Swedish Covenant Hospital, and Ann & Robert H. Lurie Children's Hospital of Chicago.

trained through supervised medical practice at NMHC institutions each year. A large portion of the patients at NMH receive at least some of their care from these trainees.

Reflecting the growth of the Health System, NM's Department of Family and Community Medicine now offers three residency programs — Humboldt Park, Lake Forest and Delnor — that provide unique opportunities for residents to develop their research and leadership skills, and gain clinical experience in providing care to underserved populations.

The Northwestern McGaw Family Medicine Residency Program at Humboldt Park is a collaboration between Erie and the Health System that started in 2010. Erie's Humboldt Park center delivers high-quality, culturally sensitive, bilingual health care to more than 84,000 patients on the northwest side of Chicago. In addition to providing high-quality medical education, the program encourages the development of family physicians who will be leaders in primary care and advocacy for underserved communities. Residents in the program at Humboldt Park provide care at Erie's Humboldt Park location and at Swedish Covenant Hospital. Eight residents are admitted to the program each year.

The Northwestern McGaw Family Medicine Residency at Lake Forest first welcomed residents in 2015. The program at NM LFH is dedicated to the education of outstanding family physicians and community leaders, and boasts unique characteristics. Residents participate in a Spanish immersion program and complete clinical rotations in three locations with different types of patients — inpatients, at NM LFH; outpatients, at NM Grayslake Outpatient Center; and economically disadvantaged patients at Erie Waukegan, an FQHC with a wide range of social services, partially funded by NM LFH. NM LFH underwrites the cost of the residency program at Erie Waukegan.

The newest NM family medicine residency program is the Northwestern McGaw Family Residency at Delnor. The first class of eight residents began the three-year program in July 2019. The residency program is the only program in the western suburbs with the program sponsor and clinic in the same location. With both exam rooms and instructional space in the same place, the clinic simultaneously provides a full spectrum of training for students while offering convenient, comprehensive care for patients. The Northwestern McGaw Family Medicine Residency at Delnor helps meet the primary care needs of patients in the west suburbs, and encourages graduating residents to remain in the region. Residents in the program see patients at the clinic, at NM Delnor and in the inpatient pediatric unit at NM CDH; residents will also make house calls.

Since 1994, MRH has trained residents in the highly specialized field of physical medicine and rehabilitation (PM&R) through clinical experience, educational opportunities and research activities. Clinical experiences are offered in brain injury, stroke, pediatrics and spinal cord injuries, among others. During the three-year program, MRH residents also have the opportunity to care for patients at Edward Hines, Jr. VA Hospital; Captain James A. Lovell Federal Health Care Center; and Rush Copley Medical Center. MRH's curriculum balances inpatient and outpatient responsibilities, and provides broad-based training, thus preparing residents to enter

into a clinical practice, pursue a fellowship or establish an academic career. In FY20, 18 residents trained at MRH.<sup>51</sup>

Established in 2016, the Chicago Medical School Internal Medicine Residency Program at NM McHenry<sup>52</sup> fosters excellence in clinical skills and medical knowledge among its residents. The curriculum offers rotations in each of the subspecialties of internal medicine in both inpatient and ambulatory settings. In FY20, 28 residents trained at NM McHenry.

Providing residency and fellowship training is costly, and hospitals that train residents incur significant direct and indirect costs, including stipends and fringe benefits for residents; salaries and fringe benefits for faculty who supervise the residents; other direct costs such as the salaries of administrative support; and allocated institutional overhead costs. The Direct Graduate Medical Education (DGME) payment system of Medicare compensates teaching hospitals strictly for Medicare's share of the costs directly related to training residents. (Compensation is strictly related to the training of residents and is not provided for the education of medical students.) According to the AAMC, the cost to hospitals for training a single resident averages \$100,000 per year. Of that cost, Medicare generally pays around \$40,000. Across the United States, teaching hospitals spend \$13 billion per year training residents.<sup>53</sup>

The cost structure of academic health settings includes expenses directly attributable to education and research missions. Because teaching hospitals also treat a more complex patient population and provide highly specialized and emergency services, including care delivered in burn and trauma units, the cost structure for patient care is also higher. Communities benefit from these services, which would otherwise fall to community hospitals to provide, and local governments to underwrite. While Medicare's DGME pays a portion of the costs of training, the actual cost of providing the education, research and patient care services that benefit communities is much higher than is often recognized or reimbursed. The AAMC reports that the mission-related costs of teaching hospitals in the United States are more than \$27 billion per year. While these costs have continually increased over time, the 1997 reimbursement cap on Medicare support has remained in place.<sup>54</sup>

NMHC recognizes the importance of training the next generation of healthcare providers, and underwrites the cost of more than 500 residency and more than 130 fellowship slots at McGaw that are unfunded by the federal government. Through this funding, McGaw is able to train physicians and begin to address the impending physician workforce shortfall.<sup>55</sup> NMHC also

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<sup>51</sup> MRH's residency program is affiliated with The Chicago Medical School at Rosalind Franklin University of North Chicago, not with McGaw Medical Center of Northwestern University.

<sup>52</sup> The residency program at NM McHenry is affiliated with the Chicago Medical School at Rosalind Franklin University of North Chicago, not with McGaw Medical Center of Northwestern University.

<sup>53</sup> 2015, *Teaching Hospitals: Preparing Tomorrow's Physicians Today*, American Hospital Association, [15june-tw-teachinghosp.pdf \(aha.org\)](#).

<sup>54</sup> *Id.*

<sup>55</sup> According to the AAMC, the physician deficiency in the United States is expected to worsen due to an aging of the nation's population and the impending retirement of older physicians. The forecasted shortfall of physicians is expected to reach between 61,700 and 94,700 by 2025. Of this number, it is estimated that we will see a shortage of between 14,900 and 35,600 primary care physicians and between

provides substantial financial support to clinical fellowship programs for physicians seeking to be leaders in academic medicine, where they can contribute to their chosen areas of medical expertise through research.

Future healthcare providers in many other disciplines also train at NMHC as described in later sections of this report. In FY20, the net unreimbursed cost of NMHC's education programs was approximately \$65.2 million.

### Embedding Medical Students in the Community

Established in 2011, the Education Centered Medical Home (ECMH) program is an innovative program at Feinberg that offers medical students the opportunity to learn at primary care clinics organized around the Patient Centered Medical Home (PCMH) model. The four-year program allows students to experience providing continuous care to patients from underserved populations, while simultaneously getting a high-quality education and an improved understanding of chronic conditions in a variety of health settings. Working with a team of students and attending physicians, the ECMH program provides care to a cohort of patients deemed high-risk and, importantly, increases the capacity of community clinics to have follow-up contact with patients.

The ECMH primary care sites include FQHCs and free clinics that are located in underserved communities in Chicago. NMH underwrites the cost of the ECMH programs at Erie, Near North and CommunityHealth. In FY20, NMH provided additional funding to Near North to expand the ECMH program to three of its sites: Komed, Denny and Winfield-Moody.

In response to COVID-19, ECMH transitioned to a telehealth model. The use of telehealth aligned with CDC recommendations to protect both providers and patients while still ensuring continuity of care. Each ECMH location created a list of patients who were at high risk for COVID-19 complications due to age or comorbidities, including diabetes or immunosuppressed conditions. Students conducted proactive outreach to these patients, calling them once a week to screen for COVID-19 symptoms and to inquire about additional needs, including housing and food insecurity. This outreach is a new component of the ECMH program and demonstrates the students' heartfelt consideration for their patients.

Medical students who participate in the ECMH program report improved continuity of care experiences, higher satisfaction with their primary care learning climate, more confidence and improved skills. Due to the success of ECMH, the program was expanded to 100% of the incoming class of Feinberg medical students in 2020.

### Allied Health Schools and the Physician Assistant Program at NMH

NMH operates four accredited clinical schools — Diagnostic Medical Sonography, Nuclear Medicine Technology, Radiation Therapy and Radiology — as well programs in Histotechnology, post-primary CT and MRI technology, and a Medical Assistant Program. The 21-month certificate programs are open to employees and the general public. Many students come from the local

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37,400 and 60,300 non-primary care specialists. 2016, *Policy Priorities to Improve the Nation's Health*, Association of American Medical Colleges.

community, as well as from affiliated colleges and universities. Leaders of these programs visit city high schools, colleges and universities to introduce various medical fields to prospective students and increase their general knowledge of various allied health fields. The certificate programs aim to address the gap between demand and supply for allied health professionals in the field.

In addition to training the nation's future physicians, Feinberg has further responded to the anticipated shortage of medical providers by offering a master's-level Physician Assistant Program. Physician assistants are highly effective members of primary care teams that include many levels of providers and can efficiently deliver the highest quality of care to extended groups of patients. Through Feinberg's program, physician assistants are educated and trained within the medical school setting and gain clinical experience at NMHC hospitals.

#### Clinical Experience at NM Health System Hospitals

NM Health System hospitals provide the important clinical setting necessary for the education of the next generation of healthcare workers, including physicians, nurses, pharmacists, laboratory professionals, allied health workers and skilled technicians. Through clinical affiliations with top regional universities and colleges, NMHC hospitals host clinical rotations and provide mentoring, clinician shadowing, traditional didactic lectures and other teaching for thousands of students. Many of these students will become professionals in fields with a current or anticipated future workforce shortage in the national healthcare system.

NM provides education to a wide range of students, including:

- Undergraduate and graduate nursing students
- Students from university-based pharmacy programs
- Respiratory therapy students
- Graduate social work interns
- Psychology PhD candidates with clinical emphases in adult clinical psychology, behavioral medicine (health psychology), clinical child and adolescent psychology, and clinical neuropsychology
- Interns in biomedical engineering
- Pastoral care students
- Physical therapists, occupational therapists, speech language pathologists, physical therapist assistants and occupational therapy assistants through a Master Clinician Program
- Physical and occupational therapy assistants (bachelor's, master's and PhD students)
- Students in a broad array of other clinical programs

#### On-the-Job Training, Youth Education Programs, Internships and Fellowships

Research into the social determinants of health indicates that access to educational and economic opportunities is a key factor impacting individuals' quality of life. NMHC offers a range of opportunities to expose students to potential healthcare careers and to foster their professional development. Ongoing, comprehensive, on-the-job training and youth programs for high school, college and post-graduate students are offered at every hospital in the Health System in both clinical and administrative settings. NM has long invested in programs to address

social determinants of health, including providing educational and employment opportunities for youth.

In 2011, NMH embarked on an educational partnership with George Westinghouse College Prep (Westinghouse), a selective-enrollment high school on Chicago's West Side, to provide talented high school students with the opportunity to learn about and pursue post-high-school education in healthcare careers. Through the NM Scholars initiative, students meet Feinberg faculty and NM employees, and are provided a behind-the-scenes understanding of clinical areas and potential careers. The program also includes mentoring, an intensive summer program, distance learning, ACT test preparation, and leadership and life skills development. The program had 20 participants in FY20. In FY20, expanding on the long-standing relationship between NMH and Westinghouse, three additional programs were offered to the Westinghouse community:

- The Community Grand Rounds session provided the opportunity for NM faculty to directly share medical information and knowledge.
- The Anatomy lab session provided students with their first glance of medical school and exposure to a real human body.
- The Men in Medicine and Science (MIMS) program exposed Westinghouse freshman male students to the world of medicine and science.

An additional 175 students participated in these supplemental sessions.

Reflecting the geographic expansion of the Health System, the NM Discovery Program, formerly known as Medical Explorers, grew to four chapters in FY20: NM Discovery Program Central (54 participants), NM Discovery Program West (60 participants), NM Discovery Program North (41 participants) and NM Discovery Program Greater DeKalb (15 participants). The program is designed to expose students to a broad range of activities to encourage their interest in healthcare careers. In addition, the program fosters character and professional development, cultivates life skills, provides community service and leadership experience, and offers mentorship and networking opportunities. Once-monthly activities during the school year include tours, guest speakers, group discussion and hands-on projects.<sup>56</sup> Since the program began, many participants have pursued careers in nursing and other healthcare fields, and several are now employed at NM. In FY20, the Health System began planning for the next chapter of the NM Discovery Program — NM Discovery Program Northwest Chapter — which launched in the fall of 2020. Additional expansion of the NM Discovery Program is expected in coming years.

Since 2016, NM Huntley and NM McHenry have offered the Youth Residency Program. Working with local high schools, the program provides intensive job shadowing and mentorship with the goal of sparking students' interest in health careers and ultimately returning to work in the local community. From learning to read an MRI to inspecting cell tissues for tumors, students are immersed in a professional medical environment in conjunction with the high-school-based curriculum. Each chapter serves up to 30 students annually.

NM CDH, NM Delnor and NM Kishwaukee offer Project SEARCH, a program for student interns with intellectual and developmental disabilities. Project SEARCH is an employability skills training program that assists students who have intellectual and developmental disabilities

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<sup>56</sup> Due to the COVID-19 pandemic, the program was offered virtually in spring 2020.



transition from high school to productive employment. The hallmark of Project SEARCH is total workplace immersion, which facilitates a seamless combination of classroom instruction, career exploration and hands-on training. During the one-year program, students who are in their last year of high school participate in three, 10-week internships within the hospital to explore their vocational skills, abilities and potential career paths. The goal of the program is to achieve 100% employment at the end of the internship. Project SEARCH is continuing to expand across the Health System. In FY20, NM McHenry began planning for its own Project SEARCH program — including the construction of a dedicated classroom space — which launched in fall 2020.

### *Community Health Education*

Community-based education programs are offered across the Health System and in coordination with our community partners. These initiatives range from addressing the growing mental health crisis to preventing and treating chronic diseases.

### Supporting the Community With Mental Health Resources

Virtually every aspect of American life — health and wellness, education, social lives and the economy — has been impacted by COVID-19. However, even before the pandemic, the prevalence of mental illness was increasing among American adults. Each year, the American Psychological Association (APA) releases a report on the state of “Stress in America”.<sup>57</sup> The 2020 report somberly warns that the United States is facing a national mental health crisis that threatens serious, long-term health and social consequences. Mental Health America reports that 19% of adults experience a mental illness, representing an increase of 1.5 million people over the last year.<sup>58</sup> The Health System offers a myriad of resources to treat mental illnesses in both inpatient and outpatient settings. Additionally, most NMHC hospitals identified mental health/substance abuse/behavioral health as a priority health need in their most recent CHNAs.<sup>59</sup> Beyond our hospital locations, the Health System is supporting the communities we serve with mental health education and resources; a few of these initiatives are highlighted below.

NM McHenry, NM Huntley and NM Woodstock work together to serve the greater McHenry County community. The three hospitals’ most recently completed CHNA reports that 17.8% of residents in McHenry County suffer from a mental health disorder, the third-most prevalent condition/disease in their CSA. Community survey respondents rated the mental health disorders of depression, anxiety and substance abuse as areas that should receive special emphasis under the identified health priority. As a result, the three hospitals will prioritize addressing behavioral health, including mental health and substance abuse, over the next three years through both hospital- and community-based programs. Hospital leaders work with the

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<sup>57</sup> 2020, *Stress in America™ 2020: Stress in the Time of COVID-19*, American Psychological Association. <https://www.apa.org/news/press/releases/stress/2020/report>.

<sup>58</sup> 2021, *The State of Mental Health in America*, Mental Health America. <https://www.mhanational.org/issues/state-mental-health-america>.

<sup>59</sup> All hospitals in the Health System except MRH selected mental health/substance abuse/behavioral health as a prioritized health need. MRH provides significant mental and behavioral health support for its patients. However, to best support its unique patient population, MRH has chosen to prioritize identified health needs more directly linked to rehabilitative care.

McHenry County Health Department and Mental Health Board on initiatives including the Substance Abuse Coalition, Community Opioid Response Workgroup, Trauma Informed Care Focus Group and First Responders Narcan Program, among many more. In FY20, the hospitals provided behavioral health-focused community education programs ranging from vaping and suicide prevention presentations at local schools to understanding the impact of adverse childhood experiences (ACEs) and caring for the caregiver. In direct response to the COVID-19 pandemic, NM McHenry leadership presented to local chambers of commerce on how employers can support their employees' mental health during the pandemic.

Community-based services to identify, increase understanding of, and treat mental health conditions and substance abuse are greatly needed in many of the communities served by the Health System. In response, NMHC hospitals have implemented multiple evidence-based initiatives to address these needs, including Mental Health First Aid and Calm Classroom. Mental Health First Aid is a skills-based training course that teaches participants about issues related to mental health and substance use. In FY20, Mental Health First Aid training was offered by NMH, NM LFH, NM CDH, NM Delnor, NM Kishwaukee and NM Valley West to their respective communities. Calm Classroom is a classroom-based mindfulness program for students and teachers that provides accessible mindfulness techniques that promote self-awareness, mental focus and emotional resilience in the classroom setting. In FY20, NM LFH supported Calm Classroom programs in Lake County, including at Waukegan Community Unit School District, the largest school district in Lake County.

#### Screening, Prevention and Addressing Chronic Diseases

According to the CDC, chronic disease is the leading cause of death and disability in the United States. Broadly defined as conditions that last one or more years, and require ongoing care or limit the activities of daily life, chronic diseases include heart disease, cancer and diabetes, among others. Chronic diseases are the leading driver of the country's \$3.8 trillion in annual healthcare costs. Currently, six in 10 American adults have a chronic disease; four in 10 have two or more. Many chronic diseases are caused by personal risk behaviors including tobacco use, poor nutrition, lack of physical activity and excessive alcohol use. The Health System provides many community-based screening, prevention and treatment options for chronic diseases. Initiatives aimed at addressing chronic diseases are offered across the Health System in all communities we serve; the following are just a few examples.

NM CDH and NM Delnor have both prioritized addressing chronic disease in their most recent CHNAs. Both hospitals have implemented primary interventions (disease prevention and health promotion) and secondary interventions (screenings) to help address chronic diseases. In FY20, NM CDH and NM Delnor provided evidence-based community health and wellness chronic disease programming relating to diabetes, cardiovascular disease, cancer and obesity, among many more. Some highlights include:

- Diabetes education: 12 classes, 90 participants
- Healthy eating: 64 classes, 460 participants
- Smoking cessation: 23 classes, 619 participants
- Stroke education: 27 classes, 726 participants

NMH collaborates with community partners to offer community-based education to help prevent and treat chronic diseases. In FY20, the hospital provided funding and support to Near

North to offer cooking classes and chronic disease education in the West Humboldt Park (WHP) community on Chicago's West Side. Also in WHP, NMH collaborated with Kelly Hall YMCA to implement youth fitness and wellness programs.

As a rehabilitation hospital, MRH serves a unique population. In general, individuals with disabilities tend to experience higher percentages of health disparities than the larger population. Common precursors of chronic diseases, including physical inactivity, obesity, hypertension and high cholesterol, are more prevalent among persons with disabilities than among those without. Despite their increased health risks, individuals with disabilities are rarely targeted by health-promotion and disease-prevention efforts. MRH helps address this need by providing a broad range of interventions, from community education programs to chronic disease management programs.

### **Strengthen Our Communities**

Each hospital in the Health System is a long-standing pillar of its respective community, uniquely positioned to facilitate collaboration, address social determinants of health, provide leadership and serve as an economic driver. These roles were crucially important as the country faced a confluence of crises in 2020. The overlapping emergencies of the pandemic, civil unrest and economic fallout amplified deep-seated community challenges and exacerbated pre-existing disparities. As an organization of caregivers, NM was driven to help our communities, and each NMHC hospital leveraged its own strengths to make a positive impact in a variety of ways.

#### *Community Collaboration to Address Crises*

We have long believed that our efforts to effect change are most powerful when undertaken in collaboration with, and leveraging the strengths of, our community partners. NMHC hospitals continually seek and maintain strong relationships with local residents, business leaders, community service organizations and health departments, among others, to further these efforts. In FY20, the Health System and our hospitals collaborated with our community partners to respond to the many crises we faced. NM responded to immediate and critical needs in our communities by:

- Leading county, state and regional response efforts
- Supporting our communities with access to testing and treatment for COVID-19
- Providing grant funding to organizations in need
- Donating PPE, food and supplies
- Supporting local emergency services

#### Leading Incident Command Efforts in Illinois

The outbreak of COVID-19 presented novel challenges requiring a coordinated response not only from the Health System, but also among government, public and private entities. The Health System quickly activated our incident command structure. Led by our chief medical officer, who is an infectious disease specialist, the incident command system provided a practiced, structured approach to management of an emergency.

In addition to coordinating NM's response to the pandemic, our leadership also provided expert clinical guidance and leadership to external public health organizations and local, regional and state governing bodies including the Illinois Department of Health, Chicago Department of Health and the Governor's Response Team. Early in the pandemic, Chicago's McCormick Place Convention Center was repurposed as an Alternate Care Facility (ACF) to serve as an emergency hospital for patients with COVID-19. NM's leaders and the Health System supported these efforts, including providing pharmacist services.

Leaders across the Health System were tapped to participate in regional response efforts. Clinical and administrative leaders worked with their counterparts at other healthcare institutions, public health organizations and local governments to ensure our community efforts were well-coordinated, and that timely and accurate information was shared about COVID-19 prevention and treatment, hospital capacity, supply chain, testing and patient care. In all of the communities we serve, leaders from the Health System responded to the COVID-19 crisis to ensure patients in our communities received the care they needed.

#### Supporting Local Organizations With Grant Funding in the Western Suburbs

NM CDH and NM Delnor provide Community Benefit Grants to nonprofit organizations, governmental or public entities who are working to address identified community health priorities that align with the hospitals' CHNAs. In FY20, grants were awarded to organizations that help NM address the priority health needs of (1) Access to Health Care; (2) Mental Health and Substance Abuse; and (3) Chronic Disease. Grants ranging from \$8,000 to \$15,000 each were awarded to nine organizations in Kane and DuPage counties, for a total of \$100,000.

Early in the pandemic, the State of Illinois issued a stay-at-home order that shuttered local businesses, schools and other organizations. As restrictions were eased and organizations began planning to reopen, they started implementing symptom screening procedures to help mitigate the spread of COVID-19. Fever is often (but not always) a symptom of the illness, and temperature checks can help reduce the spread of infection by providing an objective, contactless way to monitor a known symptom of the disease. Other contact-free measures, such as wearing masks, hand-washing and using touchless water-bottle-filling stations, also help stem the spread of the disease.

Organizations across Kane and DuPage counties reached out to NM Delnor and NM CDH for assistance in securing the necessary equipment to help implement these measures. Through special COVID-19 grants, the two hospitals provided approximately \$95,000 to local organizations to cover the cost of thermometers, Thermoscan systems, portable hand-washing and water-bottle-filling stations, and other contact-free devices. Benefiting organizations included West Chicago School District 33, Batavia School District 101, St. Mark's Church and Midwest Shelter for Homeless Veterans, among others.

#### Donating PPE, Supplies and Education

COVID-19 disrupted global supply chains, resulting in shortages of personal protective equipment (PPE) and other supplies important for infection prevention, such as hand sanitizer. Organizations that do not routinely use PPE or store large supplies of PPE suddenly found themselves without adequate resources to help protect workers and control the spread of the

disease. In many cases, they needed training in the proper use of PPE. Facing critical shortages, community organizations reached out to NM for help.

Leveraging our supply chain resources, including strategic sourcing, the Health System was able to help support many of our community partners and ensure they could continue to care for their patients. In total, the Health System provided more than 40 community organizations throughout Illinois (and beyond) with PPE, supplies and education.

For The Boulevard, an organization that assists adults experiencing homelessness, the assistance it received from the Health System meant that it could continue to stay open and provide care for some of the most vulnerable members of our community. The Boulevard is located on Chicago's West Side and provides medical respite care, holistic support and housing services for individuals who are discharged from the hospital and have no place to go to recover. Additionally, The Boulevard provides medication support, social services, case management and behavioral health services, housing and employment resources.

At the onset of the pandemic, approximately half of The Boulevard's residents tested positive for COVID-19, and the virus began to spread among the staff as well. Eventually, The Boulevard had to stop taking new residents because it did not have adequate PPE to protect residents and staff. In response, the Health System provided The Boulevard with 500 N95 respirators, more than 1,000 isolation gowns and a variety of other PPE, including gloves and safety glasses. Leaders from NMH also provided education on the proper use of PPE. Because of donations from NM, The Boulevard was able to once again welcome new residents and provide critically needed services to individuals experiencing homelessness in Chicago.

#### Supporting Emergency Medical Services (EMS)

Hospitals throughout the Health System help support their local communities by educating local EMS providers. NM McHenry, NM Huntley and NM Woodstock have a long-standing history of supporting EMS in McHenry County with services including initial training, continuing education and support for American Heart Association (AHA) programming. Since the early 1980s, NM McHenry's EMS Department has been in a contractual agreement with McHenry County College, a local community college, to provide the faculty and medical oversight for all EMS training for three levels of providers: Emergency Medical Responder (EMR); Emergency Medical Technician (EMT); and Paramedic. This joint initiative has successfully educated competent practitioners and supported the needs of local and regional Fire and EMS agencies since its inception. The NM McHenry EMS Department also provides continuing education programming for 12 separate agencies and approximately 700 EMS providers annually. Finally, the EMS Department has also been identified as an AHA Training Center, which manages initial training for AHA instructors in cardiopulmonary resuscitation (CPR), First Aid courses, Advanced Cardiac Life support (ACLS) and Pediatric Advanced Life Support (PALS) programming. NM instructors serve McHenry County in training healthcare professionals in the hospital and clinical setting as well as in schools and the general public.

## *Addressing the Social Determinants of Health*

Innovative research on the health of counties across the United States has found that individuals' longevity and quality of life are more directly impacted by social determinants of health (SDOH) than by access to clinical care.<sup>60</sup> The CDC defines SDOH as conditions in the places where people live, learn, work and play that affect a wide range of health and quality of life risks and outcomes. SDOH include food security, safe neighborhoods and economic stability, among others. NM is working to address SDOH in the communities we serve, many of which were exacerbated by the pandemic, civil unrest and economic fallout of 2020. Some key initiatives are highlighted below.

### Fighting Food Insecurity in the Community

Food insecurity is defined as “a household-level social and economic condition of limited or uncertain access to adequate food.”<sup>61</sup> Inadequate food intake can adversely affect learning, development, and physical and psychological health. Additionally, the inability to access or afford healthy food can lead to an inadequate diet, which can lead to worsened chronic illnesses.

To help fight food insecurity, NM Kishwauke and NM Valley West started the Farmers Market Coupon Program in 2011; the initiative was expanded to NM McHenry in 2019. The Farmers Market Coupon Program gives coupons to individuals who have been identified as food-insecure. The coupons can be redeemed at local farmers markets for fresh fruit, vegetables and herbs. NM then provides funding to local farmers market vendors to offset the cost. The program serves three interwoven goals: increase food security, help prevent chronic disease and support the local economy.

Individuals in our communities who are at the highest risk of experiencing serious illness from COVID-19 are often those most adversely impacted by the economic fallout of the pandemic and civil unrest. Combined, these factors can lead to food insecurity, especially among seniors, people with chronic illnesses, and members of racial and ethnic minority populations. Feeding America predicted that the rate of food insecurity in the United States would grow to 15.6% in 2020, an increase of 4.1% since 2018. In Illinois, that change is expected to be much greater; the state is expected to be one of five states that will experience the highest projected percent change in food insecurity rate from 2018 to 2020. Food insecurity among Illinoisans is projected to grow by 46%, to 14.7%.<sup>62</sup>

NM swiftly responded to hunger in our communities through a combination of food donations, grant funding, food and grocery store vouchers, and transportation services. In total, the Health System supported more than 40 organizations including:

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<sup>60</sup> University of Wisconsin Population Health Institute. (2016). *County Health Rankings & Roadmaps: Our Approach*. Retrieved from <http://www.countyhealthrankings.org/our-approach>.

<sup>61</sup> U.S. Department of Agriculture, “Definitions of Food Security,” U.S. Department of Agriculture Economic Research Service, <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx>.

<sup>62</sup> October 2020. Feeding America, “*The Impact of the Coronavirus on Food Insecurity in 2020*,” [https://www.feedingamerica.org/sites/default/files/2020-10/Brief\\_Local%20Impact\\_10.2020\\_0.pdf](https://www.feedingamerica.org/sites/default/files/2020-10/Brief_Local%20Impact_10.2020_0.pdf).

- Boys & Girls Club of Dundee Township: \$5,000 donation to support meal distribution
- Lakeview Food Pantry: \$7,000 grant funding to provide food for a food drive in collaboration with Bright Star Community Outreach
- LaSalle Street Church: \$35,000 grant for the Breaking Bread initiative
- Metropolitan Family Services' DuPage Center's Early Learning Program: food and grocery store vouchers
- Midwest Shelter for Homeless Veterans: \$2,000 grant to support their virtual commissary
- Northern Illinois Food Bank: \$4,000 to support Mobile Pantry distribution
- Our Lady of Angels: NM organized and underwrote the cost of MedSpeed to deliver food from their food pantry to residents who are homebound

### Addressing Health Disparities in Bronzeville

NM is committed to addressing the underlying causes of violence that persistently plague the city of Chicago. Located on the city's South Side, Bronzeville was once known as the "Black Metropolis." In the early 20th century, the neighborhood was an economic and cultural hub, and a significant landmark of Black urban history.<sup>63</sup> However, by 2016, more than 30% of the neighborhood's residents were living below the federal poverty line, and Bronzeville's crime rate was twice that of the city of Chicago.<sup>64</sup>

Bright Star Community Outreach (BSCO) was founded to provide critically needed resources in the Bronzeville community, including mental and behavioral health services. In 2014, NM engaged with BSCO, United Way of Metropolitan Chicago (UWMC) and UChicago Medicine (UChicago) to support the launch of The Urban Resilience Network (TURN) Model, an effort to reduce violence and strengthen the community. The TURN Model is comprised of five action areas — **counseling** as a way to build resilience and hope, and to access mental and behavioral health services; **workforce; parenting** (family support); **mentorship**; and **advocacy** — that collectively focus on reducing violence and strengthening the community. These action areas operate as sub-components within the overall model and work collectively to address the overall goal of the TURN Model. A key initiative of the TURN Model is the trauma helpline, which offers free support and counseling for those experiencing abuse, grief, depression and other mental health issues. Callers who need more intensive services can be connected with additional resources, including mental health professionals. NMH provided grant funding to support the TURN Model in FY20.

Violence was still increasing in Bronzeville in early 2020 when the COVID-19 pandemic arrived, taking a heavy toll on the community. By April 2020, Black residents accounted for approximately 70% of the deaths from the virus in Chicago, although they make up only 30% of

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<sup>63</sup> 2020, Main Street America, Bronzeville: The Black Metropolis of Chicago, <https://www.mainstreet.org/blogs/national-main-street-center/2020/02/26/bronzeville-the-black-metropolis>.

<sup>64</sup> Chicago Center for Youth Violence Prevention, Youth Violence Prevention Centers, <https://www.cdc.gov/violenceprevention/pdf/YVPCFactsheet-Chicago.pdf>.

the city's population.<sup>65</sup> The state's initial stay-at-home order and the subsequent economic impact significantly harmed the Bronzeville community. The murder of George Floyd and resulting civil unrest in the neighborhood led to greater economic fallout, and distrust of the police remained a problem.

To meet the growing needs of the Bronzeville community, BSCO extended its hours for the trauma helpline. To date, BSCO's trauma helpline advocates and their ambassadors have impacted more than 45,000 individuals in the community. In addition to the trauma helpline, BSCO continued to offer critically needed programs, including youth, workforce and food insecurity initiatives.

To help ensure BSCO could continue to offer critical programs in a physically distant and safe manner, NMH provided an emergency grant to upgrade technology and support remote access at BSCO. Technology support enabled BSCO to offer virtual services, including counseling and youth programs. Economic recession and civil unrest led to the closure of grocery stores in the neighborhood; in response, BSCO organized a food drive to distribute groceries to residents. NMH helped support this initiative with grant funding and volunteers. NMH and BSCO will continue to collaborate to serve the residents of Bronzeville with future initiatives.

#### *Reliable Economic Driver in Uncertain Times*

In addition to providing healthcare services, training healthcare leaders and conducting groundbreaking research, hospitals and medical schools are also major economic engines that generate jobs, pay strong wages and provide benefits, and significantly contribute to local businesses and community development. Healthcare institutions regularly rank among the top employers in urban, suburban and rural communities alike. A recent study by the AAMC found that medical schools and teaching hospitals support more than 6.3 million jobs in the United States and contributed more than \$562 billion to the national economy in 2017.<sup>66</sup> A study by the Illinois Health and Hospital Association (IHA) recently found that Illinois hospitals produce 495,000 jobs and annually generate \$101.3 billion in state economic impact.<sup>67</sup> Jobs created by hospitals also result in a ripple effect: For each job created by a hospital, additional jobs are created in various economic sectors, ranging from retail to construction. The IHA study found a job multiplier of 1.4, meaning that for every job created by an Illinois hospital, an additional 1.4 jobs are created in other sectors.

Unemployment rates nationwide continue to fluctuate due to the ongoing pandemic and efforts to contain the virus. In Illinois, recent data from the U.S. Bureau of Labor Statistics tells a somber story: From 2019 to 2020, the state unemployment rate has risen from 4% to 10.9%. In the

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<sup>65</sup> 2020, *The Washington Post*, 'We've Been Failed' Black Chicagoans Have Been Dying of COVID-19 at an Alarming High Rate, Forcing Leaders to Combat a System of Neglect, <https://www.washingtonpost.com/graphics/2020/national/black-chicagoans-covid-19-high-death-rate-system-of-neglect/>.

<sup>66</sup> 2018, *Economic Impact of AAMC Medical Schools and Teaching Hospitals*, Association of American Medical Colleges.

<sup>67</sup> 2020, *Illinois Hospitals and Health Systems Powerful Economic Drivers*, Economic Impact Report, Illinois Health and Hospital Association, <https://www.team-ihh.org/files/non-gated/finance/ihh-economicimpactreport2020.aspx>.



metropolitan region most closely aligned with NMHC hospital CSAs, the unemployment rate has increased from 3.8% to 11.7%.<sup>68</sup> Healthcare providers nationwide have been faced with historic financial challenges during the pandemic as prices for PPE and supplies skyrocketed due to global supply chain shortages, and revenue plunged when a significant portion of scheduled patient care was postponed or canceled.

During time periods when the outlook was uncertain for governmental relief packages to successfully pass and for hospitals to be able to resume providing nonessential patient care, many hospitals laid off or furloughed employees. NM remained steadfast in its commitment to its workforce: There were no furloughs or layoffs in FY20. With more than 29,000 physicians, nurses and staff members, NMHC is the sixth-largest employer in the greater Chicagoland area,<sup>69</sup> employing people from more than 85% of Chicagoland ZIP codes. Nearly 20% of NM's Chicago employees live in one of the high-hardship communities as defined by U.S. Sen. Dick Durbin's Chicago Hospital Engagement, Action, and Leadership (HEAL) Initiative.

NMH is a proud member of the HEAL Initiative, building on our long-standing commitment to our community. Launched in 2018, the HEAL Initiative is a collaboration among 10 Chicago hospitals committed to tangibly impacting violence and trauma, and increasing economic opportunities in Chicago's most underserved neighborhoods. As mentioned above, 20% of NM's Chicago workforce resides in HEAL neighborhoods, an increase from the previous year. In FY20, the Health System spent more than \$3.7 million on supplies and services from companies based in one of the HEAL ZIP codes, promoting economic development.

NM is committed to increasing these numbers, and in FY20 hired a new recruit and community services manager to build relationships and drive hiring in HEAL neighborhoods. Many of NMH's programs, including workforce development, youth pipeline, trauma intervention and comprehensive behavioral health services, among others, align with HEAL's strategies. We look forward to continuing to work together with other hospitals in the HEAL Initiative.

In addition to employment, hospitals and medical schools annually contribute billions of dollars to the local, state and national economies through expenditures for patient care, research, equipment, services and supplies. In an effort to create a strong business-to-business supplier network locally, NMH became an active participant with Chicago Anchors for a Strong Economy (CASE) in 2017. The CASE initiative brings together anchor institutions to support the success of other local institutions, strengthen the economy and make the region a more attractive place to do business. CASE recognizes that firms providing businesses with goods and services are located throughout many Chicago-area neighborhoods. By focusing on creating a high volume of business-to-business transactions at major institutions, CASE and its participants can help strengthen local firms, increase community and neighborhood vitality, generate jobs, and help grow the regional economy. NMH is proud to join CASE as an anchor institution, and in 2020, maintained its commitment to strengthening Chicago's economy.

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<sup>68</sup> 2020, U.S. Bureau of Labor Statistics: August 2020, [https://www.bls.gov/news.release/archives/metro\\_09302020.pdf](https://www.bls.gov/news.release/archives/metro_09302020.pdf).

<sup>69</sup> Crain's List Chicago's Largest Employers 2021, *Crain's Chicago Business*, February 19, 2021. Ranked by full-time local employees as of December 31, 2020. <https://www.chicagobusiness.com/craains-list/chicagos-largest-employers-2021>.

## Closing Remarks

Northwestern Memorial HealthCare (NMHC) is deeply committed to improving the health of the communities we serve. Our commitment has never been more evident than in 2020, as we continued to provide the highest level of care while responding to the critical needs of our communities as they faced the confluence of the COVID-19 pandemic, the resulting economic fallout, civil unrest, and inequity that was exacerbated by all of these. At the heart of our organization are individuals called to be caregivers, who are driven to improve the physical, social and economic health of our patients, workforce and communities. Their tireless dedication allowed NM to remain unwavering in its mission through the challenges of FY20.

NM now provides care throughout Chicago, Northeast Illinois and beyond. NMHC follows a system-wide Community Benefits Plan that is executed with sensitivity to the individual needs of our communities, which span urban, suburban and rural populations. For generations, as bedrock institutions in our respective communities, the hospitals of NMHC and supporting healthcare organizations have served the vital role of providing trusted medical care and responding to the needs in our communities in four main ways.

First, NMHC provides quality medical care, regardless of the patient's ability to pay. This mission-driven commitment to the most medically underserved members of our community is fulfilled through our charity care and Presumptive Eligibility policies, and supplemented with additional financial assistance services. In FY20, NMHC deepened these policies by raising the threshold for 100% free care to individuals with income below 250% of the federal poverty line. NMHC underwrites the cost of many critically important healthcare services, from trauma care to comprehensive behavioral health services. The COVID-19 pandemic presented unique challenges for access to care. The Health System rose to meet these challenges by ensuring access to testing, treatment and prevention for patients across our communities. The long-standing relationships NMHC institutions have cultivated with community partners were invaluable during the pandemic; in FY20, we strove to deepen relationships with FQHCs and community clinical providers, improve telehealth collaboration, and expand transitional care initiatives.

Second, NMHC leverages our relationship with Feinberg to conduct and support breakthrough research. Together, we are leaders in scientific discovery, quality, patient safety and research-informed treatment. The novel coronavirus challenged our researchers to develop testing and treatments to fight a disease our community had never seen before. While the fight against COVID-19 necessitated an abundance of resources, the Health System nonetheless continued to support research across a broad spectrum of disciplines and diseases. In FY20, NMHC supported expanded clinical trials and research dedicated to public health, aging and augmented intelligence, among hundreds of other initiatives.

Third, working together as Northwestern Medicine® (NM), NMHC and Feinberg are educating the next generation of healthcare leaders as well as our communities. Projections for the impending physician shortfall in the United States continues to grow; NM is combatting this issue by training future physicians as well as serving as a clinical setting for nurses, allied health professionals and physician assistants across the Health System. NMHC supports initiatives that embed future physicians in a community clinical setting. In FY20, NMHC supported expansion of the ECMH program, which is now a requirement for every medical student at Feinberg. Beyond

the clinical setting, future healthcare leaders are cultivated through internships, fellowships, workforce development and on-the-job training opportunities. Academic medicine further provides evidence-based models for community health education, ranging from mental health and substance abuse to chronic disease, among many more.

Finally, NMHC is committed to strengthening the communities we serve. NMHC hospitals are pillars in our respective communities and are uniquely poised to positively impact the health of those who live there. This position was vitally important in 2020 as our communities faced a confluence of crises including the pandemic, economic recession and civil unrest. In response, the Health System leveraged our long-standing community relationships to lead local, regional and state COVID-19 response efforts and to address social determinants of health. While Illinois is currently experiencing heightened and fluctuating unemployment rates, NMHC remained steadfast in our commitment to our employees by weathering economic challenges without furloughs or layoffs. The Health System is committed to hiring a diverse workforce from all of our communities, especially targeting high-hardship neighborhoods. NMHC is proud to partner with HEAL and CASE on these endeavors.

In total, for the fiscal year ended August 31, 2020, NMHC contributed nearly \$1.17 billion in community benefits, inclusive of charity care, other unreimbursed care, research, education and other community benefits to the state of Illinois.

## Annual Non Profit Hospital Community Benefits Plan Report

<b>Hospital or Hospital System:</b> <u>Northwestern Memorial HealthCare</u>	
<b>Mailing Address:</b> <u>251 East Huron Street</u>	<u>Chicago, IL 60611</u>
<small>(Street Address/P.O. Box)</small>	<small>(City, State, Zip)</small>
<b>Physical Address (if different than mailing address):</b>	
_____	
<small>(Street Address/P.O. Box)</small>	<small>(City, State, Zip)</small>
<b>Reporting Period:</b> <u>09 / 01 / 2019</u> through <u>08 / 31 / 2020</u>	<b>Taxpayer Number:</b> <u>36-3152959</u>
<small>Month Day Year</small>	<small>Month Day Year</small>

If filing a consolidated financial report for a health system, list below the Illinois hospitals included in the consolidated report.

<u>Hospital Name</u>	<u>Address</u>	<u>FEIN #</u>
Northwestern Memorial Hospital	251 E. Huron St., Chicago, IL 60611	37-0960170
Northwestern Lake Forest Hospital	1000 N. Westmoreland Rd, Lake Forest, IL 60045	36-2179779
Central DuPage Hospital	25 Winfield Rd., Winfield, IL 60190	36-2513909
Delnor-Community Hospital	300 Randall Rd., Geneva, IL 60134	36-3484281
Kishwaukee Community Hospital	1 Kish Hospital Dr., DeKalb, IL 60115	23-7087041
Valley West Community Hospital	1301 N. Main St., Sandwich, IL 60548	36-4244337
Marianjoy Rehabilitation Hospital	26W171 Roosevelt Rd., Wheaton, IL 60187	36-2680776
Northern Illinois Medical Center	385 Millennium Dr., Crystal Lake, IL 60012	36-2338884

**1. ATTACH Mission Statement:**

The reporting entity must provide an organizational mission statement that identifies the hospital's commitment to serving the health care needs of the community and the date it was adopted.

**2. ATTACH Community Benefits Plan:**

The reporting entity must provide it's most recent Community Benefits Plan and specify the date it was adopted. The plan should be an operational plan for serving health care needs of the community. The plan must:

1. Set out goals and objectives for providing community benefits including charity care and government-sponsored indigent health care.
2. Identify the populations and communities served by the hospital.
3. Disclose health care needs that were considered in developing the plan.

**3. REPORT Charity Care:**

Charity care is care for which the provider does not expect to receive payment from the patient or a third-party payer. Charity care does not include bad debt. In reporting charity care, the reporting entity must report the actual cost of services provided, based on the total cost to charge ratio derived from the hospital's Medicare cost report (CMS 2552-96 Worksheet C, Part 1, PPS Inpatient Ratios), not the charges for the services.

Charity Care ..... \$ 89,728,349

**ATTACH Charity Care Policy:**

Reporting entity must attach a copy of its current charity care policy and specify the date it was adopted.

4. **REPORT Community Benefits** actually provided other than charity care:  
See instructions for completing Section 4 of the Annual Non Profit Hospital Community Benefits Plan Report.

Community Benefit Type

Language Assistant Services .....	\$	5,828,228
Government Sponsored Indigent Health Care .....	\$	866,650,289
Donations .....	\$	4,915,893
Volunteer Services		
a) Employee Volunteer Services .....	\$	202,082
b) Non-Employee Volunteer Services .....	\$	49,430
c) Total (add lines a and b) .....	\$	251,512
Education .....	\$	65,234,069
Government-sponsored program services .....	\$	---
Research .....	\$	53,954,881
Subsidized health services .....	\$	33,286,986
Bad debts .....	\$	41,366,926
Other Community Benefits .....	\$	4,918,974

Attach a schedule for any additional community benefits not detailed above.

5. **ATTACH Audited Financial Statements** for the reporting period.

**Under penalty of perjury, I the undersigned declare and certify that I have examined this Annual Non Profit Hospital Community Benefits Plan Report and the documents attached thereto. I further declare and certify that the Plan and the Annual Non Profit Hospital Community Benefits Plan Report and the documents attached thereto are true and complete.**

John A. Orsini, Senior Vice President & Chief Financial Officer

312-926-4777

Name / Title (Please Print)

Phone: Area Code / Telephone No.

Signature

Date.

Posh M. Charles, Vice President, Community Affairs

312-926-8831

Name of Person Completing Form

Phone: Area Code / Telephone No.

pcharles@nm.org

312-926-0373

Electronic / Internet Mail Address

FAX: Area Code / FAX No.

Subject: <b>FINANCIAL ASSISTANCE TO PATIENTS</b>	Page <b>1 of 27</b>	Policy # <b>NMHC FIN 03.0012</b>
Title: <b>FINANCIAL ASSISTANCE</b>	Revision of: <b>02/01/2016</b>	Version: <b>2.0</b>
		Effective Date: <b>09/01/2016</b>
		Removal Date:

**SCOPE:** Applies to entities indicated below as well as their subsidiaries and affiliates

<input checked="" type="checkbox"/> <b>NM – Northwestern Memorial Hospital</b>	<input checked="" type="checkbox"/> <b>NM – Lake Forest Hospital</b>
<input checked="" type="checkbox"/> <b>NM – Northwestern Medical Group</b>	<input checked="" type="checkbox"/> <b>NM – Central DuPage Hospital</b>
<input checked="" type="checkbox"/> <b>NM – Regional Medical Group</b>	<input checked="" type="checkbox"/> <b>NM – Delnor Hospital</b>
<input checked="" type="checkbox"/> <b>NM – Kishwaukee Hospital</b>	<input checked="" type="checkbox"/> <b>NM – Valley West Hospital</b>
<input checked="" type="checkbox"/> <b>NM – Marianjoy Rehabilitation *</b>	<input checked="" type="checkbox"/> <b>NM – Kishwaukee Physician Group</b>
<input checked="" type="checkbox"/> <b>NM – Marianjoy Medical Group*</b>	<input checked="" type="checkbox"/> <b>NM – Home Health &amp; Hospice</b>
<input type="checkbox"/> <b>NM – Other (Insert Name) **See “Persons Affected Section below**</b>	

\*Applies to Marianjoy Rehabilitation and Marianjoy Medical Group as of September 1, 2018

**I. PURPOSE:**

To define Northwestern Memorial HealthCare’s policy related to the provision of Financial Assistance to those with inadequate financial resources.

**II. POLICY STATEMENT:**

- A. Northwestern Memorial HealthCare and its Affiliates (collectively referred to herein as “NMHC”), are committed to meeting the health care needs of members of NMHC’s community who are unable to pay for Medically Necessary care received at NMHC Affiliates, including without limitation those who are uninsured, underinsured, ineligible for a government program, or otherwise unable to make payment. Allocation and prioritization of Financial Assistance will take into consideration the many needs of the community, NMHC’s mission as an academic medical center, its financial protocols for allocation of resources, and applicable law and regulation. Notwithstanding the foregoing, NMHC will provide, without discrimination, care for Emergency Medical Conditions to individuals regardless of their eligibility for Financial Assistance under this policy.
- B. Financial Assistance is available through multiple programs (collectively, “Financial Assistance Program” or “Program”) including the following:
  - 1. [\*Insured Patient Free And Discounted Care\*](#) (set forth on *Appendix B*)
  - 2. [\*Uninsured Patient Free And Discounted Care Program\*](#) (set forth on *Appendix C*)
  - 3. [\*Presumptive Eligibility\*](#) (set forth in *Appendix D*)
  - 4. Future programs approved by the Vice President, Revenue Cycle, which shall be included as appendices.

### III. **PERSONS AFFECTED:**

This policy applies to all levels of NMHC management and staff of those entities listed on *Appendix A-2* who are involved in the allocation and prioritization of resources to meet the needs of the community. This policy does not apply to physicians who are on staff at an NMHC Hospital Affiliate but who are not otherwise employed by or contracted with an NMHC Physician Affiliate. This policy applies to each Affiliate as an independent entity, and unless otherwise provided herein, each Affiliate shall separately meet the requirements of this policy. A list of health care providers delivering Emergency or other Medically Necessary Care at each Affiliate and whether or not such health care providers are covered by this policy shall be maintained separately by the Financial Counseling Department and shall be incorporated by reference herein as *Appendix G*.

### IV. **RESPONSIBILITIES:**

- A. NMHC's Financial Counseling Department is responsible for assisting Applicants applying for Financial Assistance prior to or during the course of treatment.
- B. Areas within NMHC handling billing inquiry, customer service, and self-pay follow-up shall assist Applicants after services have been provided.
- C. The Revenue Cycle Division, including the department and areas listed in Sections IV.A. and IV.B. above, is responsible for the approval of Financial Assistance Applications and obtaining all supporting documentation.
- D. The Revenue Cycle Division is responsible for developing the basis for calculating the amounts charged to Patients and explaining such calculation upon request.

### V. **DEFINITIONS:**

Capitalized terms not otherwise defined herein are defined in [Appendix A](#).

### VI. **NOTIFICATION:**

To make Patients, Guarantors, their families and the broader community aware of NMHC's Financial Assistance Program, NMHC Hospital Affiliates shall take steps to notify visitors to its facilities of this policy and to widely publicize this policy. Specific notification measures shall be in accordance with applicable law and shall be set forth in specificity in [Appendix E](#).

### VII. **DETERMINATION OF ELIGIBILITY:**

- A. **When Eligibility is Determined:** The determination of an Applicant's eligibility for Financial Assistance should be made as early as possible. In cases where the Patient is seeking services other than Emergency Services, determination shall be made prior to the scheduling and/or rendering of services, whenever possible.
- B. **Application Requirement:** Unless eligibility has been previously determined or unless otherwise provided within this policy, the Patient or Guarantor is required to complete an Application for Financial Assistance and provide supporting documentation, which provides, in accordance with law, information about the Applicant's financial position (including, as applicable, information about the Applicant's family) and other information which is necessary in making a determination of eligibility for Financial Assistance. Time frames for submission of an Application and other Application-related time frames shall be in accordance with applicable law and set forth on [Appendix F](#). The Application shall be available on a form provided by NMHC and consistent with the provisions of the Illinois Hospital Uninsured Patient Discount Act and other applicable law. Unless otherwise provided herein or in an appendix, Applications will only be accepted from individuals who have had a previously

existing relationship with NMHC during the last 12 months or an upcoming appointment or admission. Patients shall complete one (1) Application which shall be recognized by all NMHC Affiliates.

C. Length of Approval:

1. Once approved, NMHC shall provide Financial Assistance until such time that alternative sources of payment may be secured. Applicants are expected to cooperate in applying and securing alternate sources of payment when applicable. Accordingly, eligibility determinations shall be valid until commencement of the next enrollment period whereby the Applicant may obtain insurance coverage. Notwithstanding the foregoing, the following limitations apply:
    - a. Financial Assistance for Emergency Services may be limited to the Emergency Services and any related stabilization care;
    - b. Financial Assistance for NMHC Hospital Affiliate services may be approved on an episodic basis and such approval may be subject to additional program requirements and screening procedures set forth in Section IX;
    - c. Eligibility determinations shall not extend beyond 12 months.
  2. Applicants shall be required to promptly advise NMHC of changes in their financial situation which may affect their eligibility during a previously approved period. An Applicant's failure to notify NMHC within 30 days of changes in their financial situation may affect the Applicant's ability to continue to receive Free or Discounted Care or qualify for Financial Assistance in the future.
  3. NMHC's Financial Assistance Policy Committee shall determine the length of time that an eligibility determination based upon alternative methods of qualification (see Section VII.D below) shall be valid; provided, however, that the length of time shall not exceed twelve (12) months.
  4. If a Patient's eligibility terminates during a course of treatment and the treating provider confirms that transitioning care would be detrimental to the Patient, the Patient and/or the treating provider may request an exception which shall be evaluated by the Free Care Committee, subject to approval by the NMHC Medical Director or his or her designee and the Vice President, Revenue Cycle, pursuant to Section XV of this policy.
- D. Alternative Methods of Qualification: NMHC (or its agent), at its discretion, may assess a Patient's or Guarantor's Financial Assistance eligibility by means other than a completed Application. In such instances, eligibility determinations may include the use of information provided by credit reporting agencies, public records, or other objective and reasonably accurate means of assessing a Patient's or Guarantor's Program eligibility.
- E. Withholding of Information: If at any time during the review process it becomes apparent that the Applicant has intentionally withheld relevant information, provided false information, or provided inaccurate information, as evidenced by information obtained through credit agencies or other available sources, and the Applicant is unable to resolve discrepancies to the satisfaction of NMHC, the Applicant may be disqualified for Financial Assistance, which shall result in the resumption of routine collection efforts until such discrepancies are resolved. Notwithstanding the foregoing, NMHC shall not deny Financial Assistance based on information that it has reason to believe is unreliable or incorrect or on information obtained from the Applicant under duress or through the use of coercive practices (including delaying or denying care for Emergency Medical Conditions to an individual until the individual has provided the requested information).



**VIII. QUALIFYING SERVICES:**

- A. NMHC Hospital Affiliates shall provide Financial Assistance only for Medically Necessary services for which the Applicant meets clinical program criteria and is otherwise financially responsible.
- B. Financial Assistance for transplants and transplant-related services are determined pursuant to a separate process and may be included as an appendix to this policy.
- C. Nothing in this policy requires NMHC to provide services not routinely provided to Patients.

**IX. ADDITIONAL PROGRAM REQUIREMENTS AND SCREENING PROCEDURES:**

Financial Assistance for certain procedures may be subject to additional program requirements and/or screening procedures. Additional screening requirements shall be communicated to Patients and physicians. By way of example and without limitation, such requirements and screening procedures may include the following:

- A. Reexamining a Patient's current financial situation to ensure continued eligibility for Financial Assistance, including availability of insurance coverage;
- B. Securing payment arrangements with respect to outstanding amounts owed by the Patient or otherwise establishing a payment plan; or
- C. Evaluating selected procedures to ensure that other treatment methods have been exhausted or, if previously tried, the likelihood of success, and/or that after-care resources are put in place; or
- D. Securing services from an appropriate level or type of provider.

**X. EXHAUSTION OF THIRD PARTY SOURCES:**

- A. Financial Assistance will only be applied to self-pay balances, after all third-party benefits/resources are reasonably exhausted, including, but not limited to, benefits from insurance carriers (e.g., health, home, auto liability, worker's compensation, or employer funded health reimbursement accounts), government programs (e.g., Medicare, Medicaid or other federal, state, or local programs), or proceeds from litigation, settlements, and/or private fundraising efforts (collectively, "Third-Party Funding Sources"). Patients receiving Financial Assistance and who require Medically Necessary care (other than Emergency Services) must, whenever possible, be screened for eligibility for Medicaid, Health Insurance Exchange, or other available payment programs and, if found eligible, the Patient must fully cooperate with enrollment requirements prior to the procedure being scheduled and/or services being rendered. Eligible Patients who fail or refuse to enroll in available Medicaid, Health Insurance Exchange, or other available payment programs may be ineligible for Financial Assistance. Patients should be given at least one (1) written notice of the necessity of filing for Medicaid, Health Insurance Exchange, or other available payment programs and that failure to do so may jeopardize eligibility for Financial Assistance. Efforts, if any, to assist the Applicant to enroll in Medicaid, Health Insurance Exchange, or other available payment programs shall be documented.
- B. If a Patient seeking care other than Emergency Services is covered by an HMO or PPO and NMHC is not an in-network provider, then the Patient should be directed to seek care from his participating providers and shall not be eligible for Financial Assistance. Financial Assistance is not available for out-of-network costs.

**XI. LIMITATION ON CHARGES:**

Discounts may vary between Financial Assistance Programs. Calculation of discounts shall be set forth in the various appendices to this policy. However, in all Financial Assistance Programs, amounts charged by NMHC Hospital Affiliates for care for Emergency Medical Conditions or other Medically Necessary care provided to individuals eligible for the Financial Assistance Program with annual household income less than or equal to 600% of the applicable Federal Poverty Level shall not be more than the amounts generally billed to individuals who have insurance covering such care (“Amounts Generally Billed Discount”).

**XII. EMERGENCY MEDICAL CARE:**

- A. Consistent with the NMHC policy addressing compliance with the Emergency Medical Treatment and Labor Act, NMHC Hospital Affiliates shall provide, without discrimination, care for Emergency Medical Conditions to individuals regardless of whether they can pay for the care or are eligible for Financial Assistance.
- B. NMHC Hospital Affiliates shall not engage in actions that discourage individuals from seeking care for Emergency Medical Conditions, including but not limited to the following:
  - 1. Requiring payment from that Emergency Department Patients before receiving a medical screening or treatment for Emergency Medical Conditions; or
  - 2. Permitting debt collection activities in the Emergency Department or in other areas of an NMHC Hospital Affiliate where such activities could interfere with the provision, without discrimination, of care for Emergency Medical Conditions.

**XIII. REFUNDS:**

Application of Financial Assistance shall be applied to all open balances. Refunds shall reviewed by NMHC’s Free Care Committee and provided as required by law.

**XIV. COORDINATION OF AFFILIATE DETERMINATIONS:**

NMHC Affiliates shall coordinate their efforts in the mutual determination of eligibility.

**XV. EXCEPTIONS AND APPEALS:**

NMHC physicians and/or clinicians may request Financial Assistance on behalf of a Patient; however, the Patient must provide the necessary information and documentation to support the request. If the physician or Patient does not agree with the eligibility or program determination or if the physician or Patient is requesting an exception to this policy, an appeal or request for exception should be made to the Free Care Committee for evaluation, subject to approval by the Vice President, Revenue Cycle. This determination shall be final and binding until such time that the Patient or physician provides significant new or additional information demonstrating qualification for assistance (e.g., change in income, loss of employment, and other circumstances that substantially change the prior review).

**XVI. ACTIONS FOR NON-PAYMENT:**

The NMHC Credit and Collection Policy, describes the actions that may be taken for non-payment of amounts due. Members of the general public may obtain a free copy of the NMHC Credit and Collection Policy by contacting the Financial Counseling Department.

**XVII. APPLICABILITY TO EXISTING PROGRAMS:**

Financial Assistance awarded to patients prior to the effective date of this policy shall not be reduced but only through such time period indicated in the award. Upon expiration of such Financial Assistance, this policy shall apply.

**XVIII. POLICY UPDATE SCHEDULE:**

This policy will be reviewed and updated at a minimum of every five years or on an as needed basis.

**XIX. REPORTING:**

NMHC shall report all required information regarding the Financial Assistance Program to the appropriate governmental agencies.

**XX. MONITORING AND NON-SUBSTANTIVE UPDATES:**

- A. The Financial Assistance Policy Committee shall be responsible for the on-going monitoring of this policy. It shall review practices hereunder including whether:
  - 1. controls are in place to assess Patient eligibility;
  - 2. information on Patients eligible for and/or receiving Financial Assistance status is tracked and maintained;
  - 3. the existence of Financial Assistance is communicated to the community and its Patients;
  - 4. provisions are in place so as not to discourage community members from seeking care for Emergency Medical Conditions; and
  - 5. collection actions are appropriately taken against Patients receiving Financial Assistance.
- B. The Vice President, Revenue Cycle may make non-substantive updates to this policy (e.g., to reflect current Federal Poverty Guidelines, changes in addresses, etc.).

**XXI. REFERENCES:**

- A. Illinois Hospital Uninsured Patient Discount Act [210 ILCS 89/]
- B. Illinois Fair Patient Billing Act [210 ILCS 88/]
- C. Internal Revenue Code Section 501(r)
- D. Social Security Act [42 U.S.C. 1395dd]

**XXII. APPENDICES:**

[Appendix A: Definitions](#)

[Appendix A-1: Federal Poverty Guidelines](#)

[APPENDIX A-2: NMHC AFFILIATES](#)

[Appendix B: Insured Patient Free And Discounted Care](#)

[Appendix C: Uninsured Patient Free And Discounted Care](#)

[Appendix D: Presumptive Eligibility](#)

[APPENDIX E: GENERAL NOTIFICATION—NMHC HOSPITAL AFFILIATES](#)

[APPENDIX F: APPLICABLE TIME FRAMES AND INDIVIDUAL PATIENT NOTIFICATION REQUIREMENTS—NMHC HOSPITAL AFFILIATES](#)

[Appendix G: Provider Lists](#)

[Appendix H: Lab Testing Financial Assistance](#)

**XXIII. APPROVAL:**

Responsible Party: Andrew Scianimanico  
Vice President, Revenue Cycle

Reviewers: Finance Committee members  
Tax & Regulatory Review Committee members  
Financial Assistance Policy Committee members  
Vice President, Finance  
Senior Vice President, Administration  
Office of General Counsel  
Corporate Compliance & Integrity

Approval Parties: Dean M. Harrison  
President and CEO  
Northwestern Memorial HealthCare  
Electronic Approval: 02/11/2016

John Orsini  
Senior Vice President and CFO  
Northwestern Memorial HealthCare  
Electronic Approval: 01/29/2016

**XXIV. REVIEW HISTORY:**

Written: 05/01/2011 – local NMH policy retired

Revised 12/29/2014 – For policy effective 2/1/2016 - Supersedes NMHC 03.0012 v1.0 – 6/1/2011 – Free and Discounted Care

Revised: 08/17/2016 – For policy effective 9/1/2016 - Scope updated to include NM-CDH, NM-Delnor and NM-RMG  
otherwise no other content updates

09/01/2018: Updated Scope Matrix – applies to Marianjoy Rehabilitation and Marianjoy Medical Group as of 9/1/2018.

## **APPENDIX A: DEFINITIONS**

***Affiliates:*** Those entities controlled by, controlling, or under common control with NMHC. NMHC Affiliates to which this policy applies are listed on [Appendix A-2](#). For purposes of this policy, the term “Affiliates” does not include NMHC affiliates that are legally or otherwise restricted from adopting this policy.

***Amounts Generally Billed/Amounts Generally Billed Discount:*** The discount required to ensure that charges for care for Emergency Medical Conditions or other Medically Necessary care provided by an NMHC Hospital Affiliate during an outpatient visit or inpatient stay to individuals eligible for assistance under this policy are not more than amounts generally billed to individuals who have Medicare or commercial insurance covering such care (“Amounts Generally Billed”). Calculation of the Amount Generally Billed Discount shall be in accordance with law based on the look-back method. Each NMHC Hospital Affiliate shall calculate its own Amounts Generally Billed Discount. A written explanation of the method used at each NMHC Hospital Affiliate can be obtained by contacting the NMHC Financial Counseling Department. Physician Affiliates shall apply the Amounts Generally Billed Discount applicable to NMH.

***Applicant:*** An Applicant is the person submitting an Application for Financial Assistance, including the Patient and/or the Patient’s Guarantor.

***Application:*** A Financial Assistance Application.

***Application Period:*** The period during which an NMHC Hospital Affiliate must accept and process an Application submitted by an individual in order to have made reasonable efforts to determine whether the individual is eligible for Financial Assistance. With respect to any care provided by an NMHC Hospital Affiliate to an individual, the Application Period begins on the date the care is provided to the individual and ends on the 240<sup>th</sup> day after the date the NMHC Hospital Affiliate provides (i.e. mails, sends electronically, or delivers by hand) the individual with the first post-discharge billing statement for the care.

***Billed Charge(s):*** The fee for a service that is based on the NMHC Affiliate’s master charge schedule in effect at the time of the service and that the Affiliate consistently and uniformly charges patients before applying any contractual allowances, discounts, or deductions.

***Cost-of-Care Discount:*** The discount equal to that amount calculated by multiplying the total cost-to-charge ratio from each NMHC Affiliate Hospital’s Medicare cost report to the charges on accounts identified as qualifying for Financial Assistance. Notwithstanding the foregoing, NMHC may, for administrative ease, establish a single Cost-of-Care Discount that is most advantageous to the Patient. The Cost-of-Care Discount shall be equal to or greater than the Amount Generally Billed Discount.

***Discounted Care:*** Care provided at less than Billed Charges other than Free Care. Discounts include the Cost-of-Care Discount and the Amount Generally Billed Discount.

***Emergency Medical Condition:*** Emergency Medical Condition shall be as defined in section 1867 of the Social Security Act (42 U.S.C. 1395dd).

***Emergency Services:*** Emergency Services include services received through the Emergency Department for Emergency Medical Conditions, services that are Never-Say-No services, or other services identified by the Vice President, Revenue Cycle and set forth in an appendix to this policy from time to time.

***Extraordinary Collection Action(s) ECA(s):*** Those actions that an NMHC Hospital Affiliate may take against an individual related to obtaining payment of a bill for care covered under the Financial Assistance Program. Such ECAs are further defined in the NMHC Financial Policy: Credit and Collection and may

include, by way of example, requiring payment for previously-rendered care and/or placing a lien on one's property.

**Family Size:** The number of individuals listed under "Filing Status" on the Applicant's most recent tax return. If no tax return is available, Family Size shall be the number of individuals residing in the Applicant's household. If another individual claims the Applicant as a dependent on the individual's tax return, then the Family Size may include household members of the individual claiming dependency.

**Federal Poverty Guideline(s):** The Federal Poverty Guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of 42 USC 9902(2). The Guidelines, attached as *Appendix A-I*, shall be adjusted annually within thirty (30) days following the issuance of new Federal Poverty Guidelines in the Federal Register and on the U.S. Department of Health and Human Services website.

**Financial Assistance:** Amounts attributable to Free Care or Discounted Care provided to Patients who meet NMHC's criteria for Financial Assistance under various programs (collectively, "Financial Assistance Program" or "Program") and are unable to pay for all or a portion of their health care services. Financial Assistance does not include bad debt or uncollectible charges that have been recorded as revenue but written off due to a Patient's failure to pay; the difference between the cost of care provided under Medicaid or other means-tested government programs or under Medicare and the revenue derived from those programs; or contractual adjustments with any third-party payors.

**Free Care Committee:** That Committee charged with addressing questions regarding application of this policy to specific Patient issues. The Free Care Committee shall review appeals and exceptions made to the policy.

**Free Care:** A discount from Billed Charges equal to one hundred percent (100%).

**Financial Assistance Policy Committee:** That committee comprised of representatives from NMHC Affiliates and NMHC, which makes recommendations with respect to this policy and ensures operational alignment between Affiliates in implementing this policy. The Financial Assistance Committee shall include representatives from operations, the Office of General Counsel, the Internal Audit Department, the Office of Corporate Compliance and Integrity, and External Affairs. The Financial Assistance Committee shall report its activities to the Tax and Regulatory Committee.

**Guarantor:** The individual who is financially responsible for services rendered to the Patient.

**Household Income:** Income attributable to the Applicant's household based on definitions used by the U.S. Bureau of the Census. Household Income includes all pre-tax earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance payments, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, assistance from outside the household, and other miscellaneous sources. Non-cash benefits (such as SNAP and housing subsidies) are not considered Household Income. More specifically, Household Income is equal to the adjusted gross income listed on the Applicant's most recent tax return, adjusted to subtract child support payments and to add amounts of tax-exempt interest; non-taxable pension and annuity payments, IRA distributions, and Social Security; and other income not included in adjusted gross income but available to Applicant. However, if the Applicant indicates that the adjusted gross income listed on the Applicant's most recent tax return is not accurate (e.g., the Applicant is no longer employed or is being paid a different amount), the Household Income shall be calculated on the basis of other available documentation (e.g., pay stubs, unemployment statements, etc.), once again adjusted to remove child support payments and to include tax-exempt interest; non-taxable pension and annuity payments, IRA distributions, and Social Security; and other income available to Applicant. Household Income includes the income of all members of the household.

**Illinois Resident:** An Illinois Resident is a Patient who lives in Illinois and who intends to remain living in Illinois indefinitely. Relocation to Illinois for the sole purpose of receiving health care benefits does not satisfy the residency requirement under the Illinois Hospital Uninsured Patient Discount Act (“HUPDA”). HUPDA requires that the Uninsured Patient be a resident of Illinois, but does *not* require that the Patient be legally residing in the United States. Patients may be required to provide evidence of Illinois residency as provided for under HUPDA. Relocation to Illinois for the sole purpose of receiving health care benefits does not satisfy the residency requirement under this definition.

**Insured Patient:** A Patient covered under a policy of health insurance or a beneficiary under public or private health insurance, health benefit, or other health coverage program, including high deductible health insurance plans, worker’s compensation, accident liability insurance, or other third-party liability.

**Medically Necessary:** Any inpatient or outpatient health care service, including pharmaceuticals or supplies, covered under Title XVIII of the federal Social Security Act for beneficiaries with the same clinical presentation as the Patient. A “Medically Necessary” service does not include any of the following: (1) non-medical services such as social and vocational services; or (2) elective cosmetic surgery, but not plastic surgery designed to correct disfigurement caused by injury, illness or congenital defect or deformity.

**Never-Say-No:** Services meeting NMHC’s Never-Say-No criteria as may be amended from time-to-time.

**NMHC Hospital Affiliate(s):** NMHC affiliates licensed as a hospital. NMHC Hospital Affiliates to which this policy applies are listed on *Appendix A-2*.

**NMHC Physician Affiliate(s):** NMHC affiliates providing clinical care in a physician outpatient setting. NMHC Physician Affiliates to which this policy applies are listed on *Appendix A-2*.

**Non-Resident:** A Non-Resident is a Patient who is not an Illinois Resident.

**Patient:** The individual receiving services.

**Plain Language Summary:** A clear, concise, and easy-to-understand written statement that notifies an individual that an NMHC Hospital Affiliate offers Financial Assistance and provides the following information: (i) brief description of the eligibility requirements and assistance offered under this policy; (ii) a brief summary of how to apply for assistance under this policy; (iii) a direct listing of a website address (or URL) and physical locations (including room numbers) where a copy of this policy and Financial Assistance Applications may be obtained; (iv) instructions on how to obtain a free copy of the Financial Assistance Policy and Application by mail; (v) contact information (including telephone numbers and physical location, if applicable) of offices or departments who can provide an individual with assistance with the Application process; (vi) availability of translations; and (vii) a statement that no Financial Assistance-eligible Patient will be charged more than the Amounts Generally Billed.

**Self-Pay Package-Priced Services:** Multiple services offered together for a single price which is discounted such that the single price is less than the sum of the prices for all the individual services comprising the package of services.

**Uninsured Patient:** A Patient not covered under a policy of health insurance or who is not a beneficiary under public or private health insurance, health benefit, or other health coverage program, including high-deductible health insurance plans, worker’s compensation, accident liability insurance, or other third-party liability.



Title: FINANCIAL ASSISTANCE <b>APPENDIX A: DEFINITIONS</b>	Page <b>12 OF 27</b>	Policy # <b>NMHC FIN 03.0012</b> Version: <b>2.1</b>
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**APPENDIX A:**  
Definitions

**Owner:** Andrew Scianimanco  
**Title:** Vice President, Revenue Cycle

**Effective Date: 01/01/2018**

**APPROVAL:**

Andrew Scianimanco  
Vice President, Revenue Cycle  
Approval: 01/01/2018

**REVIEW HISTORY:**

Written: 03/03/2015  
Revised: 12/29/2017

**APPENDIX A-1: FEDERAL POVERTY GUIDELINES**

	<b>2020 Federal Poverty Income Levels (FPL)</b>	<b>Up to 250% of FPL</b>	<b>251% - 600% of FPL</b>
<b>Family Size</b>	<b>Household Income</b>		
<b>1</b>	\$12,760	\$31,900	\$31,900 - \$76,560
<b>2</b>	\$17,240	\$43,100	\$43,100 - \$103,440
<b>3</b>	\$21,720	\$54,300	\$54,300 - \$130,320
<b>4</b>	\$26,200	\$65,500	\$65,500 - \$157,200
<b>5</b>	\$30,680	\$76,700	\$76,700 - \$184,080
<b>6</b>	\$35,160	\$87,900	\$87,900 - \$210,960
<b>7</b>	\$39,640	\$99,100	\$99,100 - \$237,840
<b>8</b>	\$44,120	\$110,300	\$110,300 - \$264,720
<b>Each Additional Family Member, Add</b>	\$4,480	\$11,200	\$11,200 - \$26,880

**REFERENCES:**

42 USC 9902(2)

**APPENDIX A-1:**  
 Federal Poverty Guidelines

**Owner:** Andrew Scianimanico  
**Title:** Vice President, Revenue Cycle

**Effective Date: 01/15/2020**

**APPROVAL:**

Andrew Scianimanico  
 Vice President, Revenue Cycle  
 Electronic Approval: 03/06/2020

**REVIEW HISTORY:**

Written: 03/03/2015  
 Revised: 04/24/2017  
 Revised: 02/2018, 01/23/2019, 01/28/2020

## **APPENDIX A-2: NMHC AFFILIATES**

### **A. Hospital Affiliates**

1. Northwestern Memorial Hospital
2. Northwestern Medicine Lake Forest Hospital
3. Northwestern Medicine Central DuPage Hospital
4. Northwestern Medicine Delnor Hospital
5. Kishwaukee Hospital
6. Valley West Hospital
7. Northwestern Medicine - Ben Gordon Center
8. Marianjoy Rehabilitation

### **B. Physician Affiliates**

1. Northwestern Medical Group
2. Northwestern Medicine Regional Medical Group
3. Kishwaukee Physician Group
4. Marianjoy Medical Group

**APPENDIX A-2:**  
NMHC Affiliates

**Owner:** Andrew Scianimanico  
**Title:** Vice President, Revenue Cycle

**Effective Date:** 09/01/2018

**APPROVAL:**

Andrew Scianimanico  
Vice President, Revenue Cycle  
Approval Date: 09/01/2018

### **REVIEW HISTORY:**

Written: 03/03/2015  
Revised: 07/12/2016  
Revised: 12/29/2017  
Revised: 09/01/2018,  
Reviewed: 01/29/2019

## **APPENDIX B: INSURED PATIENT FREE AND DISCOUNTED CARE**

### **I. FREE AND DISCOUNTED CARE**

NMHC provides Free Care as well as Discounted Care to Insured Patients as provided in this *Appendix B*.

### **II. SERVICES**

- A. Except as provided in this Appendix's Section II.B below, Free Care and Discounted Care for Insured Patients shall be available for all Medically Necessary services.
- B. Free Care and Discounted Care for Insured Patients shall not be available for the following services:
  - 1. Non-Medically Necessary services;
  - 2. Out-of-network services;
  - 3. Specialty Pharmacy Services; except that hepatitis-C antiviral medications administered to hepatitis-C negative transplant recipients who receive a hepatitis-C positive donor organ at NMH may be considered under this Policy, after all reasonable efforts to secure insurance or other reimbursement for such medications have been exhausted in a timely manner. Provision of such medications must be coordinated through Northwestern Specialty Pharmacy.
  - 4. With respect to NMHC Physician Affiliates, fertility treatment (excluding certain fertility preservation expenses); corrective vision procedures, including but not limited to, LASIK; and lab services obtained from a non-NMHC-affiliated laboratory, durable medical equipment, eye glasses, contacts, and hearing aids;
  - 5. Patient co-insurance or deductibles unless the Applicant otherwise qualifies for Free Care;
  - 6. Co-payments;
  - 7. Self-Pay Package-Priced Services; and
- C. Non-formulary pharmaceuticals provided upon discharge for transitional purposes shall be subject to the Cost-of-Care Discount.

### **III. RESIDENCY REQUIREMENTS**

- A. Insured Patients who are Illinois Residents and who receive Medically Necessary services are eligible for Free Care and Discounted Care. Notwithstanding the foregoing, there shall be no residency requirement for Insured Applicants receiving Emergency Services.
- B. Except for Insured Patients receiving Emergency Services, Insured Patients who are Non Residents (including but not limited to out-of-state external transfers) and who receive Medically Necessary services are not eligible for Free Care.

### **IV. CALCULATION OF FREE AND DISCOUNTED CARE**

NMHC provides Free Care and Discounted Care to eligible Insured Patients through two methods: "insured sliding fee scale assistance" and "insured catastrophic assistance." If the Applicant qualifies under both methods, NMHC will apply the method that is most beneficial to the Applicant. Despite qualification under either method, if there is reason to believe that an Applicant may have assets in amounts in excess of 600% of the then current Federal Poverty Guideline applicable to the

Applicant's Family Size and that are available to pay for medical services, NMHC may require the Applicant to provide information about such assets, and the Free Care Committee may consider those assets in deciding whether, and to what extent, to extend Free Care or Discounted Care.

**A. INSURED SLIDING FEE SCALE ASSISTANCE**

Assistance under the insured sliding fee scale application is calculated as follows:

1. Free Care: Insured Illinois Residents with Household Income of 250% or less of the then current Federal Poverty Guideline applicable to the Applicant's Family Size, shall be eligible for a 100% discount. The discount shall be applied to co-insurance and deductibles, as well as Medically Necessary services not covered by insurance.
2. Discounted Care: For Medically Necessary Services that are not covered by insurance, Insured Illinois Residents with Household Income of more than 250% and less than or equal to 600% of the then current Federal Poverty Guideline applicable to the Applicant's Family Size shall be eligible for a discount equal or greater than the Amount Generally Billed Discount.

**B. INSURED CATASTROPHIC ASSISTANCE**

1. For an Insured Patient qualifying for Free Care or Discounted Care with Household Income more than 250% and up to and including 600% of the then current Federal Poverty Guideline applicable to the Applicant's Family Size, total payment shall not exceed, during any twelve month period, 25% of the Applicant's Household Income.
2. NMHC shall include in the catastrophic calculation total payment owed by the Applicant to NMHC Hospital Affiliates and NMHC Physician Affiliates. If included, the adjusted total payment shall be allocated proportionately based upon outstanding amounts owed among NMHC Hospital Affiliates and NMHC Physician Affiliates, respectively.

**APPENDIX B:**

Free and Discounted Care

**Owner:**

Andrew Scianimanico

**Title:**

Vice President, Revenue Cycle

**Effective Date: 08/01/2019**

**APPROVAL:**

Andrew Scianimanico

Vice President, Revenue Cycle

Approval Date: 07/18/2019

**REVIEW HISTORY:**

Written: 03/03/2015

Revised: 8/17/2016

Revised: 12/29/2017, 07/18/2019

## **APPENDIX C: UNINSURED PATIENT FREE AND DISCOUNTED CARE**

### **I. UNINSURED FREE AND DISCOUNTED CARE**

NMHC provides Free Care as well as Discounted Care to Uninsured Patients as provided in this *Appendix C*.

### **II. SERVICES**

- A. Except as provided in this Appendix's Section II.B. below, Free Care and Discounted Care for Uninsured Patients shall be available for all Medically Necessary services.
- B. Free Care and Discounted Care for Uninsured Patients shall not be available for the following services:
  1. NMH Specialty Pharmacy Services;
  2. With respect to NMHC Physician Affiliates, fertility treatment (excluding certain fertility preservation expenses); corrective vision procedures, including but not limited to, LASIK; and lab services obtained from a non-NMHC-affiliated laboratory, durable medical equipment and supplies, eye glasses, contacts, and hearing aids;

### **III. RESIDENCY REQUIREMENTS**

Free Care and Discounted Care shall be available for those Uninsured Patients who are Illinois Residents. Non-Residents who are Uninsured Patients are not eligible for Free Care or Discounted Care. Notwithstanding the foregoing, there shall be no residency requirement for Uninsured Applicants receiving Emergency Services.

### **IV. CALCULATION OF FREE AND DISCOUNTED CARE**

NMHC shall, in accordance with Illinois Hospital Uninsured Patient Discount Act, provide Free Care and Discounted Care to Uninsured Patients. NMHC provides Free Care and Discounted Care to eligible Applicants who are uninsured through two methods: "uninsured sliding fee scale assistance" and "uninsured catastrophic assistance." If an Applicant qualifies under both methods, NMHC will apply the method that is most beneficial to the Applicant. Despite qualification under either method, if there is reason to believe that an Applicant may have assets in excess of 600% of the then current Federal Poverty Guideline applicable to the Applicant's Family Size and that are available to pay for medical services, NMHC may require the Applicant to provide information about such assets, and the Free Care Committee may consider those assets in deciding whether, and to what extent, to extend Free Care or Discounted Care.

#### **A. UNINSURED SLIDING FEE SCALE**

1. Free Care: An Applicant with Household Income equal to or less than 250% of the then current Federal Poverty Guideline applicable to the Applicant's Family Size shall be eligible for Free Care.
2. Cost of Care Discount: An Applicant with Household Income more than 250% and up to and including 600% of the then current Federal Poverty Guideline applicable to the Applicant's Family Size shall be eligible for a Cost-of-Care Discount.

#### **B. UNINSURED CATASTROPHIC ASSISTANCE**

1. For Applicants qualifying for assistance pursuant to Section IV.A.2 above, total payment shall not exceed, during any twelve month period, 25% of the Patient's Household Income.

2. NMHC shall include in the catastrophic calculation total payment amounts owed by the Patient to NMHC Hospital Affiliates and NMHC Physician Affiliates. If included, the adjusted total payment shall be allocated proportionately based on outstanding amounts owed among NMHC Hospital Affiliates and NMHC Physician Affiliates, respectively.

## V. REFERENCES

- A. Illinois Fair Patient Billing Act [210 ILCS 88/]
- B. Illinois Hospital Uninsured Patient Discount Act [210 ILCS 89/]

**APPENDIX C:**  
Uninsured Patient Discount

**Owner:** Andrew Scianimanico  
**Title:** Vice President, Revenue Cycle

**Effective Date:** 09/01/2019

### **APPROVAL:**

Andrew Scianimanico  
Vice President, Revenue Cycle  
Approval Date: 01/01/2018

### **REVIEW HISTORY:**

Written: 03/03/2015

Revised: 08/17/2016

Revised: 12/29/2017, 08/01/2019

## **APPENDIX D: PRESUMPTIVE ELIGIBILITY**

### **I. PRESUMPTIVE ELIGIBILITY**

An Uninsured Patient meeting the requirements and criteria of Sections III and IV, below, is presumed to be eligible for Free Care in accordance with this *Appendix D*. Patients presumed to be eligible do not need to complete a Financial Assistance Application; provided, however, that Patients must demonstrate that they meet the requirements and criteria of Sections III and IV, below.

### **II. DEFINITIONS**

The following definitions, as defined by the Illinois Fair Patient Billing Act, apply to this *Appendix D*:

- A. "Patient" means the individual receiving services from NMHC or any individual who is the guarantor of the payment for services received from NMHC.
- B. "Presumptive Eligibility" means eligibility for Financial Assistance determined by reference to Presumptive Eligibility Criteria demonstrating financial need on the part of a Patient.
- C. "Presumptive Eligibility Criteria" means the categories identified as demonstrating financial need.
- D. "Presumptive Eligibility Policy" means a written document that sets forth the Presumptive Eligibility criteria by which a Patient's financial need is determined and used by NMHC to deem a Patient eligible for Financial Assistance without further scrutiny by NMHC. This *Appendix D* constitutes the NMHC Presumptive Eligibility Policy.

### **III. RESIDENCY REQUIREMENTS**

Presumptive Eligibility shall apply to all Illinois Residents. Presumptive Eligibility shall not be available for or apply to Non-Residents.

### **IV. CRITERIA**

The following Presumptive Eligibility Criteria establish the guidelines for NMHC's Presumptive Eligibility Policy in accordance with NMHC's Financial Assistance Program. An Uninsured Patient demonstrating eligibility under one or more of the following programs shall be deemed eligible for Free Care, and will not be required to provide additional supporting documentation for such Financial Assistance:

- A. Homelessness
- B. Deceased with no estate
- C. Mental incapacitation with no one to act on Patient's behalf
- D. Medicaid eligibility, but not on date of service or for non-covered service
- E. Enrollment in the following assistance programs for low-income individuals having eligibility criteria at or below 250% of the then current Federal Poverty Income guidelines:
  - 1. Women, Infants and Children Nutrition Program (WIC)
  - 2. Supplemental Nutrition Assistance Program (SNAP)
  - 3. Illinois Free Lunch and Breakfast Program
  - 4. Low Income Home Energy Assistance Program (LIHEAP)



5. Enrollment in an organized community-based program providing access to medical care that assesses and documents limited low income financial status as a criterion for membership
  6. Receipt of grant assistance for medical services
- F. To assure NMHC's ability to apply Financial Assistance to a Patient's bill as soon as possible after services have been received by the Patient and before the issuance of such bill, the Patient must provide notice to NMHC of Presumptive Eligibility and supporting documentation as soon as practical, preferably during the Financial Assistance Application process. To the extent such eligibility information is available without Patient notice, NMHC shall use such information to apply Presumptive Eligibility. NMHC will also apply Presumptive Eligibility for NMHC services in situations where the Patient provides notice and supporting documentation after billing has commenced.

## **V. REFERENCES**

Fair Patient Billing Act [210 ILCS 88/27]

**APPENDIX D:**  
Presumptive Eligibility

**Owner:** Andrew Scianimanico  
**Title:** Vice President, Revenue Cycle

**Effective Date:** 01/01/2018

**APPROVAL:**

Andrew Scianimanico  
Vice President, Revenue Cycle  
Approval Date: 01/01/2018

## **REVIEW HISTORY:**

Written: 12/2013

Revised: 12/2014 – previous version Appendix A to NMHC 03.0012 v 1.0 – 6/1/2011

Reviewed: 08/2016

Revised: 12/29/2017

## **APPENDIX E: GENERAL NOTIFICATION—NMHC HOSPITAL AFFILIATES**

### **I. SPECIFIC NOTIFICATION MEASURES FOR NMHC HOSPITAL AFFILIATES**

To make Patients and Guarantors and their families and the broader community aware of NMHC's Financial Assistance Program, NMHC Hospital Affiliates shall take steps to widely publicize this Financial Assistance Policy, the Financial Assistance Application, a description of the Financial Assistance Application process, and a "Plain Language Summary" of this Financial Assistance Policy (collectively for purposes of this *Appendix E*, "Materials") within the community to be served by NMHC. Specific notification measures shall include the following:

- A. Make Materials widely available on NMHC Hospital Affiliate web sites and on NMHC web sites as follows:
  1. Complete and current versions of Materials shall be placed conspicuously on web sites.
  2. Any individual with access to the Internet can access, download, view and print a hard copy of the Material without requiring special computer hardware or software (other than software that is readily available to members of the public without payment of any fee) and without payment of a fee to NMHC or any NMHC Hospital Affiliate and without creating an account or being otherwise required to provide personally identifiable information.
  3. NMHC and NMHC Hospital Affiliates shall provide any individual who asks how to access the Materials online with the direct Web site address, or URL, of the web page on which the Materials are posted.
- B. Make paper copies of the Materials available upon request and without charge both by mail and in public locations, including admission or registration areas and in the Emergency Department of the NMHC Hospital Affiliate.
- C. Post conspicuously in the admission and registration areas and Emergency Departments of each NMHC Hospital Affiliate signage stating, "You may be eligible for financial assistance under the terms and conditions the hospital offers to qualified patients. For more information contact [insert hospital financial assistance representative contact information.]" The sign shall be in English, and in any other language that is the primary language of the lesser of 1000 individuals or 5 percent of the community served by the NMHC Hospital Facility or the populations likely to be affected or encountered by the NMHC Hospital Affiliate.
- D. Notify and inform members of the community served by each NMHC Hospital Affiliate about this policy and how or where to obtain more information about the policy and application process as well as copies of Materials. The notification shall be in a manner reasonably calculated to reach those members of the community who are most likely to require Financial Assistance. "Reasonably calculated" shall take into consideration the primary language(s) spoken by the residents of the community served by the NMHC Hospital Affiliate, as well as other attributes of the community and the NMHC Hospital Affiliate.
- E. Notify and inform patients who receive care from an NMHC Hospital Affiliate about this policy and how or where to obtain more information about the policy and application process as well as copies of Materials. Specifically, each NMHC Hospital Affiliate shall:
  1. Offer a paper copy of the Plain Language Summary of this policy as part of the intake or discharge process;
  2. Include a conspicuous written notice on billing statements that notifies and informs recipients about the availability of financial assistance under this policy and includes the telephone number of the NMHC Hospital Affiliate office or department that can provide information about this policy and application process and the direct Web site address (or

Title: FINANCIAL ASSISTANCE <b>APPENDIX E: NOTIFICATION</b>	Page <b>22 OF 27</b>	Policy # <b>NMHC FIN 03.0012</b> Version: <b>2.0</b>
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URL) where copies of this policy the Application, and Plain Language Summary of this policy may be obtained; and

3. Set up conspicuous public displays (or other measures reasonably calculated to attract patients' attention) that notify and inform patients about this policy in public locations in the NMHC Hospital Affiliate, including, at a minimum, the Emergency Department and admissions areas.
- F. Materials shall be in English and translated in any other language that is the primary language of the lesser of 1000 individuals or 5 percent of the community served by the NMHC Hospital Facility or the populations likely to be affected or encountered by the NMHC Hospital Affiliate.
- G. A list of health care providers, other than each Affiliate itself, delivering Emergency or other Medically Necessary Care at each Affiliate and whether or not such health care providers are covered by this policy shall be maintained by the Financial Counseling Department and shall be incorporated by reference herein.

**II. REFERENCES**

- A. Internal Revenue Code Section 501(r)
- B. Fair Patient Billing Act [210 ILCS 88/27]

**APPENDIX E:**  
Notification

**Owner:** Andrew Scianimanico  
**Title:** Vice President, Revenue Cycle

**Effective Date:** 02/01/2016

**APPROVAL:**

Andrew Scianimanico  
Vice President, Revenue Cycle  
Approval Date: 02/01/2016

**REVIEW HISTORY:**

Written: 03/03/2015

**APPENDIX F: APPLICABLE TIME FRAMES AND INDIVIDUAL PATIENT NOTIFICATION REQUIREMENTS—NMHC HOSPITAL AFFILIATES**

**I. BILLING TIME PERIOD**

Pursuant to the Illinois Fair Patient Billing Act, Patients shall be instructed to apply for Financial Assistance within sixty (60) days after discharge or the receipt of outpatient care, whichever is longer, and NMHC shall not send bills to Uninsured Patients until such sixty (60) day period has passed. While NMHC may bill Patients after the sixty (60) day period, it shall, nevertheless, process Applications received at any time during the Application Period.

**II. EFFORTS REQUIRED TO DETERMINE ELIGIBILITY PRIOR TO TAKING EXTRAORDINARY COLLECTION ACTIONS**

A. Need to Notify

Prior to taking any Extraordinary Collection Action (ECA), NMHC Hospital Affiliates shall make reasonable efforts to determine whether the individual is eligible for Financial Assistance by taking steps as set forth in this *Appendix F*. Specifically, with respect to any care provided by an NMHC Hospital Affiliate to an individual, the NMHC Hospital Affiliate shall take the following steps:

1. Notify the individual about the Financial Assistance Program as described in this *Appendix F* before initiating any ECAs to obtain payment for the care and refrain from initiating such ECAs (with the exception of an ECA described in paragraph Section II.C of this *Appendix F*) for at least 120 days from the date the NMHC Hospital Affiliate provides the first post-discharge billing statement for the care. NOTE: If multiple episodes of care are aggregated, the 120-day period starts from the first post-discharge billing statement for the most recent episode of care included in the aggregation;
2. In the case of an individual who submits an incomplete Application during the Application Period, notify the individual about how to complete the Application and give the individual a reasonable opportunity to do so as described in Section II.D of this *Appendix F*; and
3. In the case of an individual who submits a complete Application during the Application Period, determine whether the individual is eligible for Financial Assistance for the care as described in Section II.E of this *Appendix F*.

B. Notification in General

NMHC Hospital Affiliates shall notify Patients and/or Guarantors about the Financial Assistance Program generally by taking in the following steps at least 30 days before first initiating one or more ECA(s) to obtain payment for the care:

1. Provide the individual with a written notice that indicates that Financial Assistance is available for eligible individuals, identifies the ECA(s) that the NMHC Hospital Affiliate (or other authorized party) intends to initiate to obtain payment for the care, and states a deadline after which such ECA(s) may be initiated that is no earlier than 30 days after the date that the written notice is provided;

2. Provide the individual with a Plain Language Summary of the Financial Assistance Program with the written notice described above;
3. Make a reasonable effort to orally notify the individual about the Financial Assistance Program and about how the individual may obtain assistance with the Application process.

C. Deferral or Denial of Care Due to Nonpayment for Prior Care

In the case of an ECA involves deferring or denying care due to nonpayment for prior care, an NMHC Hospital Affiliate may notify the individual about the Financial Assistance Program less than 30 days before initiating the ECA, provided that the NMHC Hospital Affiliate does the following:

1. Otherwise meets the requirements of Section II.B of this *Appendix F* but, instead of the notice described in Section II.B, provides the individual with a an Application and a written notice indicating that Financial Assistance is available for eligible individuals and stating the deadline, if any, after which the NMHC Hospital Affiliate will no longer accept and process an Application submitted (or, if applicable, completed) by the individual for the previously provided care at issue. This deadline must be no earlier than the later of 30 days after the date that the written notice is provided or 240 days after the date that the first post-discharge billing statement for the previously provided care was provided.
2. If the individual submits an Application for the previously provided care on or before the deadline described above (or at any time if the NMHC Hospital Affiliate did not provide any such deadline to the individual), processes the Application on an expedited basis.

D. Incomplete Application

If an individual submits an incomplete Application during the Application Period, NMHC Hospital Affiliates shall:

1. Suspend any ECAs;
2. Provide the individual with written notice of what additional materials are needed to complete his or her Application. This written notice shall include a Plain Language Summary of the Financial Assistance Program and the telephone number and physical location of the NMHC Hospital Affiliate office or department that can provide information about the Financial Assistance Program and the office or department that can provide assistance with the Application process. The individual shall provide additional materials by the later of the end of the Application Period or within thirty (30) days of receipt of the notice, with exception being made for extraordinary circumstances.

E. Complete Application

If an individual submits a complete Application during the Application Period, NMHC Hospital Affiliates shall:

1. Suspend any ECAs against the individual;

2. Make and document a determination as to whether the individual is eligible for Financial Assistance;
3. Notify the individual in writing of the eligibility determination, including, if applicable, the Financial Assistance for which the individual is eligible and the basis for the determination; and
4. If the individual is eligible for Financial Assistance, NMHC Hospital Affiliates shall:
  - a. provide the individual (who is determined to be eligible for Financial Assistance other than Free Care) with a billing statement that indicates the amount the individual owes as an individual eligible for Financial Assistance, how that amount was determined and states, or describes how the individual can get, information regarding the Amounts Generally Billed for the care;
  - b. refund any amounts (unless under either \$5.00 or such other amount that is set by notice or other guidance published in the Internal Revenue Bulletin) that the individual previously paid for the care included in the Application and in excess of the amount he or she is determined to owe as an individual eligible for Financial Assistance; and
  - c. reverse any ECAs (with the exception of a sale of debt).

- F. NMHC Hospital Affiliates shall document all notification requirements set forth in this *Appendix F*.
- G. Implementation of this Appendix shall comply with 26 C.F.R. 1.501(r)-6. To the extent this *Appendix F* is inconsistent with 26 C.F.R. 1.501(r)-6 or to the extent 26 C.F.R. 1.501(r)-6 provides further detail on the implementation of this *Appendix F*, 26 C.F.R. 501(r)-6 shall govern.

### **III. REFERENCES**

- A. Internal Revenue Code Section 501(r)
- B. Fair Patient Billing Act [210 ILCS 88/27]

**APPENDIX F:**  
Applicable Time Frames

**Owner:** Andrew Scianimanico  
**Title:** Vice President, Revenue Cycle

**Effective Date:** 02/01/2016

**APPROVAL:**

Andrew Scianimanico  
Vice President, Revenue Cycle  
Approval Date: 02/01/2016

**REVIEW HISTORY:**

Written: 03/03/2015

## **APPENDIX G: PROVIDER LISTS**

### **I. LISTING OF PROVIDERS SUBJECT OR NOT SUBJECT TO THIS POLICY**

- A. The Financial Counseling Department shall maintain on behalf of each NMHC Hospital Affiliate a list of any providers, other than the NMHC Hospital Affiliate, itself, who deliver Emergency or other Medically Necessary care and indicate whether they are or are not covered under this Policy.
- B. The list shall be available for request on the NMHC Hospital Affiliate website. Paper copies of the list shall also be available free of charge from the Financial Counseling Department.
- C. The list shall be updated at least quarterly.

### **II. REFERENCES**

- A. Internal Revenue Code Section 501(r)
- B. Internal Revenue Notice 2015-46

**APPENDIX G:**  
Provider Lists

**Owner:** Andrew Scianimanico  
**Title:** Vice President, Revenue Cycle

**Effective Date:** 09/01/2016

**APPROVAL:**

Andrew Scianimanico  
Vice President, Revenue Cycle  
Approval Date: 08/22/2016

**REVIEW HISTORY:**

Written: 03/03/2015  
Revised: 08/17/2016

**APPENDIX H: LAB TESTING FINANCIAL ASSISTANCE****I. PATIENT LAB TESTING FINANCIAL ASSISTANCE DESCRIPTION**

- A. NMHC is committed to providing access to lab testing services through NM Lab, a department of NMH, and HealthLab, a department of Central DuPage Hospital. Lab Testing Financial Assistance is limited to patient balances resulting from NM Lab and HealthLab's testing services for specimens drawn by physician offices and sent to NM Lab and HealthLab or specimens obtained through NM Lab and HealthLab draw centers.
- B. NMHC will assess NM Lab and HealthLab patients for financial assistance on balances due by the patient.
- C. Lab Testing Financial Assistance is not available to government program beneficiaries (including Medicare Advantage and Medicaid managed care plans).
- D. The Lab Testing Financial Assistance is administered by NMHC patient accounting services through its automated patient statement process and will automatically be applied to eligible patient balances.

**II. SERVICES**

- A. Hospital and professional medically necessary lab testing provided through NM Lab and HealthLab.
- B. Financial assistance does not apply to Client Billed Services, whereby NM Lab or HealthLab may perform laboratory services and bill physician practices directly for those services, rather than billing insurance carriers and patients. Client Billed Service patients are billed by the client, not by NM Lab nor HealthLab.

**III. RESIDENCY REQUIREMENTS**

There are no residency requirements associated with Lab Testing Financial Assistance.

**IV. CALCULATION LAB TESTING FINANCIAL ASSISTANCE**

- A. NMHC shall apply a ninety percent (90%) discount on the remaining patient balance for payments for patients below 600% FPL.
- B. Other discounts may be applied after Lab Testing Financial Assistance.

**APPENDIX H:**

Lab Testing Financial Assistance

**Owner:**

Andrew Scianimanico

**Title:**

Vice President, Revenue Cycle

**Effective Date: 02/26/2019**

**APPROVAL:**

Andrew Scianimanico

Vice President, Revenue Cycle

Approval Date: 02/26/2019

**REVIEW HISTORY:**

Written: 06/03/2017



**Financial Assistance Policy  
(FAP)**

Policy No.:	9850-229
Original Policy Date:	02-20-14
Revision Date(s):	07-01-16; 07-01-17 02-01-18
Review Date(s):	3-17-17
Approval:	Executive Leadership

**POLICY STATEMENT**

Consistent with our mission to provide high quality health and wellness services for the community, Centegra Health System and its affiliates (CENTEGRA) are committed to providing financial assistance to CENTEGRA patients who are unable to pay for medically necessary care received from the eligible providers listed on Exhibit C of this Policy.

In accordance with the Affordable Care Act (ACA) and applicable State or Federal laws and regulations, any patient eligible for financial assistance under this financial assistance policy will not be charged more for emergency or medically necessary care than the amount generally billed (AGB) to insured patients.

CENTEGRA offers both free care and discounted care, depending on individuals' family size, insured status and income. Uninsured and underinsured patients who do not qualify for free care will receive a sliding scale discount off the gross charges for their medically necessary services based on their family income as a percent of the Federal Poverty Guidelines. These patients are expected to pay their remaining balance for care, and may work with financial counselors to set up a payment plan based on their financial situation. See *Billing and Collections Policy No.9850-28, for other discount programs, payment plan options and terms.*

Patients seeking assistance may first be asked to apply for other external programs (such as Medicaid or insurance through the public marketplace) as appropriate before eligibility under this policy is determined. Additionally, any uninsured patients who are believed to have the financial ability to purchase health insurance may be encouraged to do so to help ensure healthcare accessibility and overall well-being.

**DEFINITIONS**

The following terms are meant to be interpreted as follows within this policy:

- Financial Assistance:** Amounts attributable to free or discounted care provided to patients who meet the eligibility for financial assistance and are unable to pay for all or a portion of their eligible health care services. If you are deemed eligible for Financial Assistance within the applicable time period, such assistance may be provided to any unpaid balances, including those paid in bad debt.
- Medically Necessary:** Any inpatient or outpatient health care service, including pharmaceuticals or supplies covered under Title XVIII of the Federal Social Security Act for beneficiaries with the same clinical presentation as the patient. A "Medically

Necessary” service does not include any of the following: (1) non-medical services such as social and vocational services; or (2) elective cosmetic surgery, but not plastic surgery designed to correct disfigurement caused by injury, illness or congenital defect or deformity

3. **Emergency Care:** Emergent care include services received through the Emergency Department for emergent medical conditions that is necessary to prevent putting the patient’s health in serious jeopardy, serious impairment to bodily functions, and/or serious dysfunction of any organs or body parts
4. **Urgent/Immediate Care:** Medically necessary care to treat medical conditions that are not immediately life-threatening, but could result in the onset of illness or injury, disability, death, or serious impairment or dysfunction if not treated within 12–24 hours
5. **Uninsured:** Patients with no health insurance coverage and is not a beneficiary under a public or private health insurance, health benefit, or other health coverage program, including, but not limited to, high deductible health insurance plans, workers’ compensation, accident liability insurance or other third-party assistance to help resolve their financial liability to healthcare providers
6. **Underinsured:** Insured patients who have significant out of pocket balance (i.e. High deductible or coinsurance)
7. **Amount Generally Billed (AGB):** The amount generally billed to insured patients (i.e. insured allowable) for emergent or medically necessary care. Determined as described in section (B) of the policy below
8. **Gross/Total Charges:** The full amount charged by CENTEGRA for items and services before any discounts, contractual allowances, or deductions are applied
9. **Presumptive Eligibility:** The process by which the hospital may use previous eligibility determinations and/or information from sources other than the individual to determine eligibility for financial assistance

### **PROCEDURE (A) Eligibility**

CENTEGRA will not bill patients who have been deemed eligible for financial assistance coverage for eligible care or services, including care or services that are emergent or medically necessary, more than the amounts generally billed to insured patients.

Patients who are uninsured or underinsured and have a household income at or below the thresholds on Exhibit A will receive full or partial discount off their balance. Exhibit A will be updated on an annual basis to represent the most current federal poverty guideline levels and the appropriate sliding scale for full and partial discounts.

To be considered eligible for financial assistance, patients may be required to cooperate with CENTEGRA to explore alternative means of assistance if necessary, including Medicare and Medicaid. Patients will be required to provide necessary information and documentation when applying for hospital financial assistance or other private or public payment programs.

CENTEGRA may seek to determine eligibility for financial assistance prior to rendering nonemergent services. In certain non-emergent circumstances it may be necessary to provide care or evaluation to the patient before eligibility can be determined.

When determining patients’ eligibility, CENTEGRA does not take into account race, gender, age, sexual orientation, religious affiliation, national origin or social or immigrant status.

**(B) Applying for Financial Assistance – Application Requirements**

Determinations for financial assistance eligibility will require patients to submit a completed financial assistance application (including all documentation required by the application) within the application period and may require appointments or discussion with CENTEGRA financial counselors.

Application Period: This is the period in which CENTEGRA must accept and process an Application submitted by a patient in order to have made reasonable efforts to determine whether the patient is eligible for financial assistance. The application period begins on the date the care is provided to the patient and ends of the 240<sup>th</sup> day after CENTEGRA provides the patient with the first post-discharge billing statement for that care.

Applications and this Policy can be accessed in the following locations/methods:

- At the front desk or patient registration area of any Centegra Health System location
- At the offices of CENTEGRA Financial Counselors or Financial Assistance Coordinators located at McHenry, Woodstock and Huntley Hospital & Centegra Accounting/Finance Department, 527 W South Street, Woodstock, IL 60098 •

By mail:

Centegra Health System  
Attention: Financial Assistance Coordinator  
PO Box 1990  
Woodstock, IL 60098

- By telephone to: 815-334-5578
- Online at <http://centegra.org/billing-new/>
- By email at [CentegraFinancialAssistance@centegra.com](mailto:CentegraFinancialAssistance@centegra.com)

Copies of the Financial Assistance Application and this policy are also available in Spanish. If translations are needed in other languages please contact a financial assistance counselor at the telephone numbers above.

Patients must submit a complete application (including supporting documents) within the Application Period by mail to:

Centegra Health System  
Attention: Financial Assistance Coordinator  
PO Box 1990, Woodstock, Illinois 60098

In addition to completing an application, individuals should be prepared to supply information and documentation to support the following:

- Patient information ○  
Family/household information ○ Income  
and employment information
  - Bank statements
  - Proof of income for applicant (and spouse if applicable), such as recent pay stubs, unemployment insurance payment stubs, or sufficient information on how patients are currently financially supporting themselves
  - Copy of most recent federal tax return and/or most recent W2
  - Disability payments
  - Pension payments

CENTEGRA HEALTH SYSTEM  
**FINANCIAL ASSISTANCE POLICY**

Policy #9850-229

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- Workers' compensation
- Child support, maintenance or other spousal support
- Payment history of any outstanding accounts for prior hospital services ○ Insurance/Benefit Information as applicable
- Insurance coverage
- Medicare Coverage
- Medicaid Coverage
- Veterans Benefits ○ Documentation of qualification for:
- Monthly expense Information
- In some cases, information on available assets or other financial resources
- External, public sources like credit scores may also be used to verify eligibility.

Individuals who do not have any of the documentation or information listed above; have questions about CENTEGRA financial assistance application; or would like assistance with completing the financial assistance application may contact our financial counselors or financial assistance coordinator(s) either in person at 527 W. South Street, Woodstock, IL 60098, or, at any of our Centegra Locations or over the phone as listed below.

Centegra Accounting/Finance, 527 W South Street, Woodstock, IL 60098 – 815-334-5578

Office hours: 8:00 am – 4:30 pm, Monday through Friday.

McHenry Hospital – Financial Counselors/Eligibility Specialists at 815-759-4637, 815-759-4638,

815-759-4145 Office hours: 6:00 am to 5:00 pm.

Woodstock Hospital – Eligibility Specialist at 815-334-3144 Office hours: 8:30 am to 5:00 pm.

Huntley Hospital – Financial Counselors/Eligibility Specialists at 224-654-0253 or 224-654-0256 or 224-654-0252. Office hours: 6:30 am to 5:00 pm.

### **(C) Determining Discount Amount**

Once eligibility for financial assistance has been established, CENTEGRA will not charge patients who are eligible for financial assistance more than the amounts generally billed (AGB) to insured patients for eligible care, including emergency or medically necessary care.

To calculate the AGB, CENTEGRA uses the “look-back” method described in section 4(b)(2) of the IRS and Treasury’s 501(r) final rule. This is published annually and amended to this policy under Exhibit B.

In this method, CENTEGRA uses data based on claims sent to Medicare fee- for-service and all private commercial insurers for emergency and medically necessary care over the prior 12 months to determine the percentage of gross charges that is typically allowed by these insurers. The AGB percentage is then multiplied by gross charges for eligible care, including emergency and medically necessary care to determine the AGB.

#### *Example*

#### Uninsured

If the gross charge for an emergency visit is \$1,000, and the AGB percentage is 45%, any patient eligible for financial assistance under this policy will not be personally responsible for paying more

than \$450 for the emergency room visit and may qualify for 100% discount depending on their family size and household income as defined on Exhibit A.

Patients who qualify for partial financial assistance or who do not qualify, will never be required to pay in excess of 25% of their annual household income for services within one calendar year.

### Insured

If the gross charge for an emergency visit is \$1,000 and the insurance carrier discount is 20% or \$200, insurance carrier allowable is \$800 and the insurance pays \$300, leaving an out of pocket balance due of \$500 for the patient. Any patient eligible for financial assistance will not be personally responsible for paying more than \$450 for the emergency room visit and may qualify for 100% discount depending on their family size and household income as defined on Exhibit A.

### **(D) Presumptive Eligibility**

If patients fail to supply sufficient information or documentation to support financial assistance eligibility, Centegra Health System may refer to or rely on external sources and/or other program enrollment resources to determine eligibility when:

- **Presumptive Homeless** – Patient demonstrates that they are currently homeless and/or living in shelter(s).
- **Presumptive Mental incapacitation** – Patient has no one to act on their behalf
- **Presumptive Scoring** – Centegra Health System will utilize publically available information as well internal payment and documentation history to determine if a patient is eligible for presumptive financial assistance without completion of an application.
- **Presumptive Deceased** – Confirmed deceased with no estate
- **Presumptive State Program** – Confirmed patients who are currently eligible for a state program which is based on FPG, including confirmed FHQC enrollees however that program does not cover the dates of service or services provided. Programs include but are not limited to:
  - Women, Infants and Children Nutrition Program (WIC) ○ Supplemental Nutrition Assistance Program (SNAP) ○ Illinois Free Lunch and Breakfast program ○ Low Income Home Energy Assistance Program (LIHEAP)
  - Enrollment in organized community-based programs which documents lowincome status, including FQHC or Family Partnership Clinic in McHenry County
- **Presumptive Out of State Program** – Confirmed patients who are eligible for out of state programs which are based on FPG where CENTEGRA does not participate
- **Additional Presumptive Criteria** – Associates may also recommend presumptive eligibility for FAP based on the following or similar circumstances:
  - Recent personal bankruptcy ○ Incarceration
  - Affiliation with a religious order which includes a vow of poverty ○ Enrollment in temporary assistance for needy families (TANF) ○ Enrollment in IHDA's Rental Housing Support Program

CENTEGRA also partners with third-parties and other eligibility vendors, to help identify patients who may be eligible for financial assistance, presumptive financial assistance under this policy or

through other public and private programs including identifying other sources of third party payment, i.e. health insurance coverage.

CENTEGRA may also use previous financial assistance eligibility determinations as a basis for determining eligibility in the event that the patient does not provide sufficient documentation to support an eligibility determination. Financial assistance applications on file at CENTEGRA may be used for a time period of up to six months after the date of submission.

All patients presumptively determined to be eligible for less than the most generous amount of assistance available under this policy (free care) will be informed about how the discount amount was calculated and given a reasonable amount of time to submit an application for further financial assistance.

#### **(E) Eligible Providers & Services**

A list of providers and services included and excluded from this financial assistance policy can be found on Exhibit C. This listing of eligible providers will be updated quarterly and made available upon request.

#### **(F) Actions in the Event of Non-Payment**

The collection actions CENTEGRA may take if a financial assistance application and/or payment are not received are described in a separate policy.

In brief, CENTEGRA will make reasonable efforts, as required by law, to provide patients with information about our financial assistance policy before we or our agency representatives take certain actions to collect your bill (these actions may include wage garnishments, liens, litigation or reporting negative information to credit bureaus).

For more information on the steps CENTEGRA will take to inform uninsured and underinsured patients of our financial assistance policy and the collection activities we may pursue, please see *CENTEGRA Billing and Collections Policy no. 9850-28*.

### **SPONSOR**

Chief Financial Officer

**Exhibit A**  
 Financial Assistance Policy  
 Eligibility Criteria and Federal Poverty Guidelines  
 Last Updated: 01/23/2018

Financial Assistance discounts will be calculated based on family size and household income as applied to the Federal Poverty Guidelines.

Please refer to Exhibit C of this policy for a description of providers and services that financial assistance may be applied to.

Example (s):

Family of 4  
 Household income less than \$154,500  
 Approved for 70% discount based on FPL Guidelines  
 Total charges x 70% discount = \$ discount amount  
 \$1000 x 70% = \$700

Uninsured  
 Insurance discount = N/A  
 discount = \$700

Insured  
 Insurance discount = \$600 FA  
 FA discount = \$100

Patient responsibility = \$300

Patient responsibility = \$300

Note: Discounts are calculated from total charges for both uninsured and insured patients who qualify for financial assistance based on the FPL Guidelines.

Family Size	2019 FPL Guidelines	100% FA Discount 200% FPL	80% FA Discount 350% FPL	70% FA Discount 600% FPL
1	\$12,490	\$24,980	\$43,715	\$74,940
2	\$16,910	\$33,820	\$59,185	\$101,460
3	\$21,330	\$42,660	\$74,655	\$127,980
4	\$25,750	\$51,500	\$90,125	\$154,500
5	\$30,170	\$60,340	\$105,595	\$181,020
6	\$34,590	\$69,180	\$121,065	\$207,540

7	\$39,010	\$78,020	\$136,535	\$234,060
8	\$43,430	\$86,860	\$152,005	\$260,580

For family units of more than 8 people add \$4,420 for each additional person  
The FED guidelines are effective January 11th, 2019



**Exhibit B**  
 Financial Assistance Policy  
 Amount Generally Billed (AGB) Calculation  
 Last Updated: 7/1/17

Individuals who qualify for financial assistance will not be billed more than the amounts generally billed (AGB) to insured patients.

On an annual basis, Centegra Health System will update the AGB percentage based on the look back method for the prior 12 months' claim activity as defined below.

Total Billed Charges for Medicare and Private Insurance Plans	\$1,534,833,258
Less Total Discount(s) provided to Medicare and Private Insurance Plans	\$1,055,940,323
Total Amount Generally Billed to Insured Patients (Allowable)	\$478,892,935
Amounts Generally Billed (Allowable) Percentage	31.2%
Minimum Discount Percentage for Financial Assistance Program	68.8%

For eligible financial assistance services, Centegra Health System will not bill eligible patients more than 30% and will provide a minimum 70% discount off total charges.

\*Centegra rounds the minimum discount percentage for financial assistance, based on the AGB, up from 68.8% to 70%.

### **Exhibit C**

Financial Assistance Policy  
List of Eligible and Excluded Providers and services  
Last Updated: 02/01/2018

#### **Included providers**

1. Centegra Hospital McHenry, 4201 Medical Center Drive, McHenry, IL 60050
2. Centegra Hospital Woodstock, 3701 Doty Road, Woodstock, IL 60098
3. Centegra Hospital Huntley, 10400 Haligus Road, Huntley, IL 60142
4. Centegra Physician Care ("CPC") employed providers except for those excluded services identified below.
5. All Hospital billed services provided in conjunction with Centegra Physician Care Providers will be included

#### **Excluded providers**

Professional services provided by any of the providers listed below will **NOT** be covered under this policy. As such, the bills received by patients for professional services provided by any providers will NOT be eligible for the discounts or financial assistance described in this Financial Assistance Policy.

1. All independent physicians who are members of the Centegra Health System Medical Staff, including, but not limited to physicians, providers and medical groups listed below:

Advanced Allergy and Asthma Associates  
Advanced Anesthesia of Illinois    Advanced Foot and Ankle  
Specialists    Advanced Preventative Cardiology    Advanced  
Reproductive Center    Advanced Surgical Care    Advocate  
Heart Institute    Advocate Medical Group  
Affiliated ENT  
Alan H Numbers DPM    American Cancer Center  
Amiry Cardiology Consultant MD SC  
Ann & Robert H. Lurie Children's Hospital of Chicago  
Antonio C Yuk MD  
Apollo Hospitalist Group  
Arun Narang MD



Associates in Endocrinology Inc  
Associates in Orthopaedic Surgery, SC  
Beaird Dermatology, SC  
Cardiac Arrhythmia Services Ltd    Cardiac EP Consultants SC  
Cardiac Surgery Associates SC  
Caring Family SC  
Carol A Kotzan MD LLC  
Cary Grove Foot and Ankle Center  
Center for Rehabilitation Medicine  
Cosmetic & Plastic Surgery Associates, MDSC  
Comprehensive Urologic Care SC  
Crystal Lake Oral & Maxillofacial Surgery            Crystal Lake  
Pediatric Dental Ltd    Crystal Lake/Lake Geneva Oral Surgery  
Daksha Mehta MD    Dean S Economos MD  
Dermatology Specialists of Illinois  
Dharmvir S Verma MD            Dundee Dermatology            Family  
Medicine for McHenry County            Family Medicine Specialists Inc.  
Fertility Centers of Illinois  
Fidai Medical Group  
Foot & Ankle Specialists of Illinois  
Fred Halloran MD  
George L Stankevych MD PC  
George Nahra MD  
Germbusters PC  
GI Partners of Illinois, LLC    Haider Medical Group Ltd  
Heart Rhythm Management of Lake County  
Healogics Specialty Physicians  
High Touch Medicine SC    Horizons Behavioral Health  
Professional Service  
Illinois Cancer Specialists    Illinois Gastroenterology Group  
Illinois Institute of Allergy & Asthma  
Illinois Pain Institute            Illinois Spine Institute SC  
Inside Look MD            InVia Fertility-Hoffman Estates            Iqbal H Khan  
DPM  
J & K Pediatrics and Associates LLC  
James R Berg MD  
Jeffrey D Gindorf MD            JourneyCare Inc            Kanu K Panchal  
MD  
Kelly Gustafson, Psyd, PC    Kenneth J Tomchik MD  
Kenneth R Margules MD-McHenry            Kidney Care Center LLC



Kohn Group Ltd      Lake Geneva Oral & Maxillofacial Surgery  
Lake Immediate Care & Clinic      Lake in the Hills Podiatry PC  
Lawrence Kerns & Associates SC      Loyola University Medical  
Center  
McHenry Heart Institute  
McHenry Pathology Associates SC  
McHenry Radiologists and Imaging Associates SC  
Medical Associates of Crystal Lake, LLC  
Medical College of Wisconsin  
Mercy Health System  
Metro Heart & Vascular Institute      Metro Infectious Disease  
Consultants LLC  
Midwest Endocrinology LLC      Midwest Lakes Medical Center  
SC      Midwest Plastic Surgery Specialists      Midwest Pulmonary  
and Sleep Clinic      Midwest Radiation Oncology Consultants Ltd  
Mohs Surgery and Dermatology Center      Nephrology Associates of  
Northern Illinois  
NeuroClinic and Assessments  
Nitin Kher MD      North Shore Oncology Hematology Associates  
  
North Shore Urogynecology  
Northern Illinois Center for Integrated Healthcare  
Northern Illinois Foot & Ankle Specialists      Northern Illinois  
Orthopaedics and Rehab      Northwest Brain and Spine Surgery SC  
Northwest Cardiology Associates SC      Northwest Dental Sleep  
Medicine  
Northwest Podiatry LTD  
Northwest Primary Care      Northwest Pulmonary and Sleep  
Medicine SC  
Northwest Suburban Pain Center  
Nuvasive Clinical Services  
Oaklund Medical Group-Crystal Lake      OMSO Medical Ltd  
Onsite Neonatal Partners, Inc.      Ophthalmology Associates Ltd  
OrthoIllinois  
OSF Congenital Heart Center      Pacific Leg and Vein Care  
Padmini Thakker MD      Palatine Heart Center      Parmod  
Narang MD  
Pediatric Health Partners      Presence Medical Group      Prodyot K  
Mitra MD      Pulmonary Critical Care and Sleep Medicine  
Quadri Family Practice



Questcare Obstetrics of Illinois, LLC  
Rahil Baxamusa DPM      Reena Jabamoni MD  
Retina Consultants Ltd  
Retina Health Institute  
Retina Institute of Illinois PC  
Ricardo Nabong MD  
Rockford Health System  
Rush University Medical Center  
Salud Pediatrics      Sandhya R Meesala MD      Shahid B Ilahi MD  
Shahwar F Syed MD  
Simpson Eye Associates  
Sound Mind Sound Body Health Services Inc      Specialists in  
Gastroenterology  
Specialty Care Institute  
SSD Medical Group  
Suburban Women's Health Specialists  
Sunita Narang MD      Syed Asghar MD      Tanveer Ahmad MD  
The Center for Corrective Eye Surgery LLC  
The Elgin Clinic      The Kohn Group Ltd      Thomas C Tilot MD  
Thomson Memory Center      Timothy Jantz DPM  
Tony Fu MD  
Ubaidur R Papa MD      University of Illinois Hospital & Health  
Sciences System  
UrbanCare LLC      Urology Ltd      Valley Medical and Cardiac  
Clinic      Valley Plastic Surgery Center  
Vision Radiology  
Whispering Point Ophthalmology  
William C Dam MD  
Wilmot Medical Associates  
Woodstock Foot and Ankle Institute

### **Excluded Services**

1. Professional Services performed by the identified Excluded Providers above
2. All Hospital facility services and CPC Professional Services for the following service lines will be excluded from this policy:
  - a. Routine, non-emergent cosmetic or plastic surgery
  - b. Routine, non-emergent bariatric surgery
  - c. Any non-emergent services routinely not covered by insurance

# Financial Assistance Application

Patient Name: \_\_\_\_\_

MRN: \_\_\_\_\_

**YOU MAY BE ABLE TO RECEIVE FREE OR DISCOUNTED CARE:** Completing this application will help Northwestern Memorial HealthCare (NMHC) determine if you can receive free or discounted services or other public programs that can help pay for your healthcare.

**IF YOU ARE UNINSURED, A SOCIAL SECURITY NUMBER IS NOT REQUIRED TO QUALIFY FOR FREE OR DISCOUNTED CARE.**

However, a Social Security Number is required for some public programs, including Medicaid. Providing a Social Security Number is not required, but will help the hospital determine whether you qualify for any public programs. Please complete this form and submit it in person, by mail, by electronic mail, or by fax to apply for free or discounted care within 240 days following the date of discharge or receipt of outpatient care. Patient acknowledges that he or she has made a good faith effort to provide all information requested in the application to assist NMHC in determining whether the patient is eligible for financial assistance.

**IF YOU ARE UNINSURED AND MEET SPECIFIC PRESUMPTIVE ELIGIBILITY CRITERIA, YOU ARE NOT REQUIRED TO COMPLETE THIS APPLICATION.**

- |   |  |
|---|--|
| <input type="checkbox"/> Homelessness   | Enrollment in assistance programs for low-income individuals:                |
| <input type="checkbox"/> Deceased with no estate                                      | <input type="checkbox"/> Women, Infants and Children Nutrition Program (WIC) |
| <input type="checkbox"/> Mental incapacitation with no one to act on patient's behalf | <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)    |
| <input type="checkbox"/> Medicaid eligibility, but not date of service                | <input type="checkbox"/> Illinois Free Lunch and Breakfast Program (LIHEAP)  |

APPLICANT			
Applicant Name		Social Security #	Date of Birth
Home Address		City	State Zip
Home Phone Number	Cell Phone Number	Email Address	
Preferred Method of Contact <input type="checkbox"/> US Mail <input type="checkbox"/> Email <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> I am homeless			Annual Household Income
Applicant's Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow			# of Individuals in your Household <i>(as reported on your taxes)</i>
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed – Last date worked: _____			
Employer Name		Phone Number	
Employer Address		City	State Zip
Name of Health Insurance plan offered by employer (including COBRA)			<input type="checkbox"/> Health Insurance not provided

SPOUSE/PARTNER/PARENT/GUARANTOR (when applicable)			
Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Parent <input type="checkbox"/> Guarantor <input type="checkbox"/> Other: _____			
Name		Social Security #	Date of Birth
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed – Last date worked: _____			
Employer Name		Phone Number	
Employer Address		City	State Zip
Name of Health Insurance plan offered by employer (including COBRA)			<input type="checkbox"/> Health Insurance not provided

INSURANCE COVERAGE		
1. Are you covered or eligible for any health insurance policy, including foreign coverage, Health Insurance Marketplace, Veterans' benefits, Medicaid, and Medicare? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
a. If yes, please provide the following information:		
Policy Holder	Insurer	Policy Number
Policy Holder	Insurer	Policy Number

Patient Name: \_\_\_\_\_

MRN: \_\_\_\_\_

QUESTIONNAIRE	
1. Were you an Illinois resident when you received your care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you a foreign national residing in Illinois on a U.S. Visa?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, what type of Visa? _____	
3. Are you seeking financial assistance for care received in our emergency room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. If you are divorced or separated, is your former spouse/partner financially responsible for medical care per the dissolution or separation agreement?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is the treatment provided related to any of the following? <input type="checkbox"/> Accident <input type="checkbox"/> Crime <input type="checkbox"/> Workplace Injury <input type="checkbox"/> Other: _____	
6. Have you hired an attorney or are you pursuing a claim for your injury or illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, please provide:  _____	
Attorney Name	Attorney Phone Number
7. Have you already applied for Medicaid? ( <i>we may require that you do so</i> )	<input type="checkbox"/> Yes – Awaiting Approval <input type="checkbox"/> Yes – Not Eligible <input type="checkbox"/> No
a. If no, please check all of the below that apply:	
<input type="checkbox"/> You are 19 years or younger	<input type="checkbox"/> You are 65 years or older
<input type="checkbox"/> You are taking medication to control diabetes, high blood pressure, or seizures	<input type="checkbox"/> You are disabled as determined by the determined by the Social Security Administration
	<input type="checkbox"/> You are blind
	<input type="checkbox"/> You are pregnant
	<input type="checkbox"/> You have children under the age of 19 living with you

ASSETS	
1. <b>Property.</b> Please provide information regarding any property ( <i>buildings and/or land</i> ) that you own <b>other than your primary residence.</b>	
a. What is the value of all buildings and land minus the amount owed on the property?	\$ _____ <input type="checkbox"/> N/A
i. Is this property used as income?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. What is the value of the land (without buildings) minus the amount owed on the property?	\$ _____ <input type="checkbox"/> N/A
i. Is this property used as income?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. <b>Bank Accounts/Investments.</b> Please list the total current balance for each of the following.	
a. Checking/Savings/Credit Union Accounts:	\$ _____ <input type="checkbox"/> N/A
b. Other Investments ( <i>bonds, stocks, etc. excluding IRA and/or retirement accounts</i> ):	\$ _____ <input type="checkbox"/> N/A

I certify that the information in this application is true and correct to the best of my knowledge. I will apply for any state, federal, or local assistance for which I may be eligible to help pay for this hospital bill. I understand that the information provided may be verified by NMHC, and I authorize NMHC to contact third parties to verify the accuracy of the information provided in this application. I understand that if I knowingly provide untrue information in this application, or if the application otherwise contains a material error or omission, I will be ineligible for financial assistance, and any financial assistance granted to me may be reversed and I will be responsible for the payment of the bill.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Spouse/Partner/Parent/Guarantor Signature (when applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Please return completed application and supporting documents to:

**Northwestern Memorial HealthCare**  
 Attention: Financial Counseling  
 675 North Saint Clair, 2-110  
 Chicago, IL 60611  
 312.926.6906 or 800.423.0523 telephone  
 312.694.0447 fax  
 finapps@nm.org

Patient Name: \_\_\_\_\_

MRN: \_\_\_\_\_

**Financial Assistance Required Supporting Documents**

Please provide the documents requested below. Your application will be delayed or denied in the event that any of the required documents are not included. If you cannot provide document, please provide a letter of explanation.

**Primary Documents:**

- Tax Documents: Provide your most recent federal tax return and W-2 or IRS Form 4506-T: Request for Transcript of Tax Return.
- Valid Government-Issued Photo ID:
  - Driver's license, passport, etc.
- Proof of Illinois Residency: Provide at least one of the following documents.
  - Valid state-issued photo ID or driver's license
  - Recent utility bill with an Illinois address
  - IL Voter Registration card
  - Current mail addressed to applicant from a government or other credible source
  - Letter from homeless shelter
- Proof of Income: Provide all applicable documents listed below.
  - Copies of your two most recent unemployment checks or stubs
  - Copies of your two most recent employer checks or stubs
  - Copies of your two most recent Social Security checks or stubs
- Proof of Assets: Provide your two most recent statements for all checking, savings, and credit union accounts.
- Completed and signed application

**Supplemental/Other Documents:**

- Proof of Non-Wage Income: Provide the following applicable documents, only if you have not submitted a tax return for the previous calendar year or if any of the following income sources will vary between this calendar year and the previous calendar year.
  - Statement of alimony income
  - Statement of business income
  - Statement of retirement or pension income
- If Married or in a Civil Union: Provide the following applicable documents regarding your spouse/partner
  - Proof of income and non-wage income (as described above)
  - Federal tax return and W-2 or IRS Form 4506-T: Request for Transcript of Tax Return
  - Most recent statement for all checking, savings and credit union accounts
- Supplemental/Other (if applicable):
  - If a foreign national, copy of your passport and United States Visa
  - Health insurance card (please copy front and back)
  - Medicaid approval/denial letter
  - Letter of support (i.e. if your living expenses are being paid by another party)



**Financial Assistance Policy  
(FAP)**

Policy No.:	9850-229
Original Policy Date:	02-20-14
Revision Date(s):	07-01-16; 07-01-17 02-01-18
Review Date(s):	3-17-17
Approval:	Executive Leadership

**POLICY STATEMENT**

Consistent with our mission to provide high quality health and wellness services for the community, Centegra Health System and its affiliates (CENTEGRA) are committed to providing financial assistance to CENTEGRA patients who are unable to pay for medically necessary care received from the eligible providers listed on Exhibit C of this Policy.

In accordance with the Affordable Care Act (ACA) and applicable State or Federal laws and regulations, any patient eligible for financial assistance under this financial assistance policy will not be charged more for emergency or medically necessary care than the amount generally billed (AGB) to insured patients.

CENTEGRA offers both free care and discounted care, depending on individuals' family size, insured status and income. Uninsured and underinsured patients who do not qualify for free care will receive a sliding scale discount off the gross charges for their medically necessary services based on their family income as a percent of the Federal Poverty Guidelines. These patients are expected to pay their remaining balance for care, and may work with financial counselors to set up a payment plan based on their financial situation. See *Billing and Collections Policy No.9850-28, for other discount programs, payment plan options and terms.*

Patients seeking assistance may first be asked to apply for other external programs (such as Medicaid or insurance through the public marketplace) as appropriate before eligibility under this policy is determined. Additionally, any uninsured patients who are believed to have the financial ability to purchase health insurance may be encouraged to do so to help ensure healthcare accessibility and overall well-being.

**DEFINITIONS**

The following terms are meant to be interpreted as follows within this policy:

- Financial Assistance:** Amounts attributable to free or discounted care provided to patients who meet the eligibility for financial assistance and are unable to pay for all or a portion of their eligible health care services. If you are deemed eligible for Financial Assistance within the applicable time period, such assistance may be provided to any unpaid balances, including those paid in bad debt.
- Medically Necessary:** Any inpatient or outpatient health care service, including pharmaceuticals or supplies covered under Title XVIII of the Federal Social Security Act for beneficiaries with the same clinical presentation as the patient. A "Medically

Necessary” service does not include any of the following: (1) non-medical services such as social and vocational services; or (2) elective cosmetic surgery, but not plastic surgery designed to correct disfigurement caused by injury, illness or congenital defect or deformity

3. **Emergency Care:** Emergent care include services received through the Emergency Department for emergent medical conditions that is necessary to prevent putting the patient’s health in serious jeopardy, serious impairment to bodily functions, and/or serious dysfunction of any organs or body parts
4. **Urgent/Immediate Care:** Medically necessary care to treat medical conditions that are not immediately life-threatening, but could result in the onset of illness or injury, disability, death, or serious impairment or dysfunction if not treated within 12–24 hours
5. **Uninsured:** Patients with no health insurance coverage and is not a beneficiary under a public or private health insurance, health benefit, or other health coverage program, including, but not limited to, high deductible health insurance plans, workers’ compensation, accident liability insurance or other third-party assistance to help resolve their financial liability to healthcare providers
6. **Underinsured:** Insured patients who have significant out of pocket balance (i.e. High deductible or coinsurance)
7. **Amount Generally Billed (AGB):** The amount generally billed to insured patients (i.e. insured allowable) for emergent or medically necessary care. Determined as described in section (B) of the policy below
8. **Gross/Total Charges:** The full amount charged by CENTEGRA for items and services before any discounts, contractual allowances, or deductions are applied
9. **Presumptive Eligibility:** The process by which the hospital may use previous eligibility determinations and/or information from sources other than the individual to determine eligibility for financial assistance

### **PROCEDURE (A) Eligibility**

CENTEGRA will not bill patients who have been deemed eligible for financial assistance coverage for eligible care or services, including care or services that are emergent or medically necessary, more than the amounts generally billed to insured patients.

Patients who are uninsured or underinsured and have a household income at or below the thresholds on Exhibit A will receive full or partial discount off their balance. Exhibit A will be updated on an annual basis to represent the most current federal poverty guideline levels and the appropriate sliding scale for full and partial discounts.

To be considered eligible for financial assistance, patients may be required to cooperate with CENTEGRA to explore alternative means of assistance if necessary, including Medicare and Medicaid. Patients will be required to provide necessary information and documentation when applying for hospital financial assistance or other private or public payment programs.

CENTEGRA may seek to determine eligibility for financial assistance prior to rendering nonemergent services. In certain non-emergent circumstances it may be necessary to provide care or evaluation to the patient before eligibility can be determined.

When determining patients’ eligibility, CENTEGRA does not take into account race, gender, age, sexual orientation, religious affiliation, national origin or social or immigrant status.

**(B) Applying for Financial Assistance – Application Requirements**

Determinations for financial assistance eligibility will require patients to submit a completed financial assistance application (including all documentation required by the application) within the application period and may require appointments or discussion with CENTEGRA financial counselors.

Application Period: This is the period in which CENTEGRA must accept and process an Application submitted by a patient in order to have made reasonable efforts to determine whether the patient is eligible for financial assistance. The application period begins on the date the care is provided to the patient and ends of the 240<sup>th</sup> day after CENTEGRA provides the patient with the first post-discharge billing statement for that care.

Applications and this Policy can be accessed in the following locations/methods:

- At the front desk or patient registration area of any Centegra Health System location
- At the offices of CENTEGRA Financial Counselors or Financial Assistance Coordinators located at McHenry, Woodstock and Huntley Hospital & Centegra Accounting/Finance Department, 527 W South Street, Woodstock, IL 60098 •

By mail:

Centegra Health System  
Attention: Financial Assistance Coordinator  
PO Box 1990  
Woodstock, IL 60098

- By telephone to: 815-334-5578
- Online at <http://centegra.org/billing-new/>
- By email at [CentegraFinancialAssistance@centegra.com](mailto:CentegraFinancialAssistance@centegra.com)

Copies of the Financial Assistance Application and this policy are also available in Spanish. If translations are needed in other languages please contact a financial assistance counselor at the telephone numbers above.

Patients must submit a complete application (including supporting documents) within the Application Period by mail to:

Centegra Health System  
Attention: Financial Assistance Coordinator  
PO Box 1990, Woodstock, Illinois 60098

In addition to completing an application, individuals should be prepared to supply information and documentation to support the following:

- Patient information ○  
Family/household information ○ Income  
and employment information
  - Bank statements
  - Proof of income for applicant (and spouse if applicable), such as recent pay stubs, unemployment insurance payment stubs, or sufficient information on how patients are currently financially supporting themselves
  - Copy of most recent federal tax return and/or most recent W2
  - Disability payments
  - Pension payments

- Workers' compensation
- Child support, maintenance or other spousal support
- Payment history of any outstanding accounts for prior hospital services ○ Insurance/Benefit Information as applicable
- Insurance coverage
- Medicare Coverage
- Medicaid Coverage
- Veterans Benefits ○ Documentation of qualification for:
- Monthly expense Information
- In some cases, information on available assets or other financial resources
- External, public sources like credit scores may also be used to verify eligibility.

Individuals who do not have any of the documentation or information listed above; have questions about CENTEGRA financial assistance application; or would like assistance with completing the financial assistance application may contact our financial counselors or financial assistance coordinator(s) either in person at 527 W. South Street, Woodstock, IL 60098, or, at any of our Centegra Locations or over the phone as listed below.

Centegra Accounting/Finance, 527 W South Street, Woodstock, IL 60098 – 815-334-5578

Office hours: 8:00 am – 4:30 pm, Monday through Friday.

McHenry Hospital – Financial Counselors/Eligibility Specialists at 815-759-4637, 815-759-4638,

815-759-4145 Office hours: 6:00 am to 5:00 pm.

Woodstock Hospital – Eligibility Specialist at 815-334-3144 Office hours: 8:30 am to 5:00 pm.

Huntley Hospital – Financial Counselors/Eligibility Specialists at 224-654-0253 or 224-654-0256 or 224-654-0252. Office hours: 6:30 am to 5:00 pm.

### **(C) Determining Discount Amount**

Once eligibility for financial assistance has been established, CENTEGRA will not charge patients who are eligible for financial assistance more than the amounts generally billed (AGB) to insured patients for eligible care, including emergency or medically necessary care.

To calculate the AGB, CENTEGRA uses the “look-back” method described in section 4(b)(2) of the IRS and Treasury’s 501(r) final rule. This is published annually and amended to this policy under Exhibit B.

In this method, CENTEGRA uses data based on claims sent to Medicare fee- for-service and all private commercial insurers for emergency and medically necessary care over the prior 12 months to determine the percentage of gross charges that is typically allowed by these insurers. The AGB percentage is then multiplied by gross charges for eligible care, including emergency and medically necessary care to determine the AGB.

#### *Example*

#### Uninsured

If the gross charge for an emergency visit is \$1,000, and the AGB percentage is 45%, any patient eligible for financial assistance under this policy will not be personally responsible for paying more

than \$450 for the emergency room visit and may qualify for 100% discount depending on their family size and household income as defined on Exhibit A.

Patients who qualify for partial financial assistance or who do not qualify, will never be required to pay in excess of 25% of their annual household income for services within one calendar year.

### Insured

If the gross charge for an emergency visit is \$1,000 and the insurance carrier discount is 20% or \$200, insurance carrier allowable is \$800 and the insurance pays \$300, leaving an out of pocket balance due of \$500 for the patient. Any patient eligible for financial assistance will not be personally responsible for paying more than \$450 for the emergency room visit and may qualify for 100% discount depending on their family size and household income as defined on Exhibit A.

### **(D) Presumptive Eligibility**

If patients fail to supply sufficient information or documentation to support financial assistance eligibility, Centegra Health System may refer to or rely on external sources and/or other program enrollment resources to determine eligibility when:

- **Presumptive Homeless** – Patient demonstrates that they are currently homeless and/or living in shelter(s).
- **Presumptive Mental incapacitation** – Patient has no one to act on their behalf
- **Presumptive Scoring** – Centegra Health System will utilize publically available information as well internal payment and documentation history to determine if a patient is eligible for presumptive financial assistance without completion of an application.
- **Presumptive Deceased** – Confirmed deceased with no estate
- **Presumptive State Program** – Confirmed patients who are currently eligible for a state program which is based on FPG, including confirmed FHQC enrollees however that program does not cover the dates of service or services provided. Programs include but are not limited to:
  - Women, Infants and Children Nutrition Program (WIC) ○ Supplemental Nutrition Assistance Program (SNAP) ○ Illinois Free Lunch and Breakfast program ○ Low Income Home Energy Assistance Program (LIHEAP)
  - Enrollment in organized community-based programs which documents lowincome status, including FQHC or Family Partnership Clinic in McHenry County
- **Presumptive Out of State Program** – Confirmed patients who are eligible for out of state programs which are based on FPG where CENTEGRA does not participate
- **Additional Presumptive Criteria** – Associates may also recommend presumptive eligibility for FAP based on the following or similar circumstances:
  - Recent personal bankruptcy ○ Incarceration
  - Affiliation with a religious order which includes a vow of poverty ○ Enrollment in temporary assistance for needy families (TANF) ○ Enrollment in IHDA's Rental Housing Support Program

CENTEGRA also partners with third-parties and other eligibility vendors, to help identify patients who may be eligible for financial assistance, presumptive financial assistance under this policy or

through other public and private programs including identifying other sources of third party payment, i.e. health insurance coverage.

CENTEGRA may also use previous financial assistance eligibility determinations as a basis for determining eligibility in the event that the patient does not provide sufficient documentation to support an eligibility determination. Financial assistance applications on file at CENTEGRA may be used for a time period of up to six months after the date of submission.

All patients presumptively determined to be eligible for less than the most generous amount of assistance available under this policy (free care) will be informed about how the discount amount was calculated and given a reasonable amount of time to submit an application for further financial assistance.

#### **(E) Eligible Providers & Services**

A list of providers and services included and excluded from this financial assistance policy can be found on Exhibit C. This listing of eligible providers will be updated quarterly and made available upon request.

#### **(F) Actions in the Event of Non-Payment**

The collection actions CENTEGRA may take if a financial assistance application and/or payment are not received are described in a separate policy.

In brief, CENTEGRA will make reasonable efforts, as required by law, to provide patients with information about our financial assistance policy before we or our agency representatives take certain actions to collect your bill (these actions may include wage garnishments, liens, litigation or reporting negative information to credit bureaus).

For more information on the steps CENTEGRA will take to inform uninsured and underinsured patients of our financial assistance policy and the collection activities we may pursue, please see *CENTEGRA Billing and Collections Policy no. 9850-28*.

### **SPONSOR**

Chief Financial Officer



# HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

Pursuant to 77 Ill. Adm. Code 4500.60, each Illinois hospital must annually provide, in conjunction with the filing of either its Community Benefits Report as required by the Community Benefits Act or its Worksheet C Part I as required by the Hospital Uninsured Patient Discount Act, a Hospital Financial Assistance Report to the Office of the Attorney General. This form shall be completed and filed with the Office of the Attorney General as described below.

Reporting Hospital: Northwestern Memorial Hospital

Mailing Address: 251 E. Huron

City, State, Zip: Chicago, IL 60611

Reporting Period: 9/1/2019 through 8/31/2020

Taxpayer Number: 37-0960170

...

1. Attach a copy of each Hospital Financial Assistance Application form used during the reporting period. If more than one form was used, identify the date any amended form was adopted.
2. Attach a copy of the Presumptive Eligibility Policy in effect during the reporting period, which shall identify each of the criteria used by the hospital to determine whether a patient is presumptively eligible for Hospital Financial Assistance.
3. Provide the following Hospital Financial Assistance statistics for the hospital during the reporting period:
 

A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year:	a) <u>6,080</u>
B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year:	b) <u>2,058</u>
C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year:	c) <u>13,101</u>
D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year:	d) <u>1,080</u>
E) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year based on actual cost of care:	e) \$ <u>27,249,187</u>
4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:
5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

**Charitable Trusts Bureau**  
 Office of the Illinois Attorney General  
 100 West Randolph Street, 11th Floor  
 Chicago, Illinois 60601

**Health Care Bureau**  
 Office of the Illinois Attorney General  
 100 West Randolph Street, 10th Floor  
 Chicago, Illinois 60601

6. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

7. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

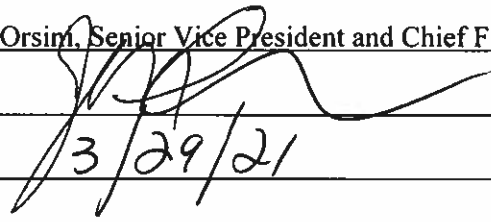
...

**Under penalty of perjury, I the undersigned declare and certify that I have examined this Hospital Financial Assistance Report and the documents attached thereto. I further declare and certify that this Hospital Financial Assistance Report and the documents attached thereto are true and complete.**

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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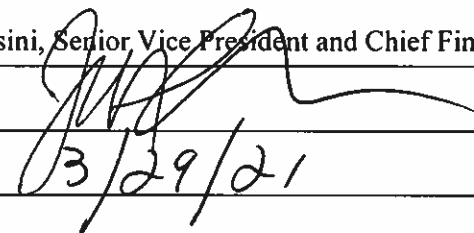
Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, complete the following additional certification:

**I further declare and certify that each of the Hospital Financial Assistance Application requirements set forth in 77 Ill. Adm. Code 4500.30 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.**

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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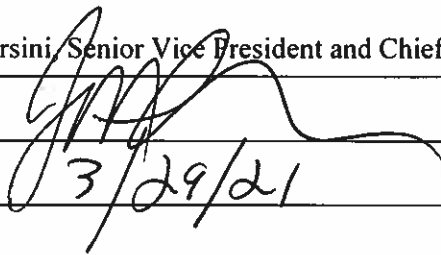
Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, complete the following additional certification:

**I further declare and certify that each of the Presumptive Eligibility Criteria requirements set forth in 77 Ill. Adm. Code 4500.40 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.**

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: \_\_\_\_\_

Date: \_\_\_\_\_







# HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

Pursuant to 77 Ill. Adm. Code 4500.60, each Illinois hospital must annually provide, in conjunction with the filing of either its Community Benefits Report as required by the Community Benefits Act or its Worksheet C Part I as required by the Hospital Uninsured Patient Discount Act, a Hospital Financial Assistance Report to the Office of the Attorney General. This form shall be completed and filed with the Office of the Attorney General as described below.

Reporting Hospital: Northwestern Lake Forest Hospital

Mailing Address: 1000 N. Westmoreland Road

City, State, Zip: Lake Forest, IL 60045

Reporting Period: 9/1/2019 through 8/31/2020

Taxpayer Number: 36-2179779

...

1. Attach a copy of each Hospital Financial Assistance Application form used during the reporting period. If more than one form was used, identify the date any amended form was adopted.
2. Attach a copy of the Presumptive Eligibility Policy in effect during the reporting period, which shall identify each of the criteria used by the hospital to determine whether a patient is presumptively eligible for Hospital Financial Assistance.
3. Provide the following Hospital Financial Assistance statistics for the hospital during the reporting period:
 

A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year:	a) <u>2,253</u>
B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year:	b) <u>607</u>
C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year:	c) <u>5,818</u>
D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year:	d) <u>336</u>
E) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year based on actual cost of care:	e) \$ <u>12,868,215</u>
4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:
5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

**Charitable Trusts Bureau**  
 Office of the Illinois Attorney General  
 100 West Randolph Street, 11th Floor  
 Chicago, Illinois 60601

**Health Care Bureau**  
 Office of the Illinois Attorney General  
 100 West Randolph Street, 10th Floor  
 Chicago, Illinois 60601

6. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

7. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

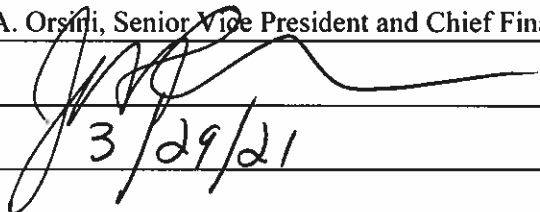
...

**Under penalty of perjury, I the undersigned declare and certify that I have examined this Hospital Financial Assistance Report and the documents attached thereto. I further declare and certify that this Hospital Financial Assistance Report and the documents attached thereto are true and complete.**

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature:

Date:

  
3/29/21

...

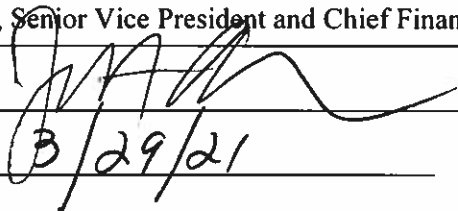
Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, complete the following additional certification:

**I further declare and certify that each of the Hospital Financial Assistance Application requirements set forth in 77 Ill. Adm. Code 4500.30 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.**

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature:

Date:

  
3/29/21

...

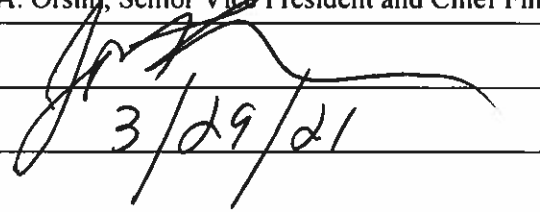
Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, complete the following additional certification:

**I further declare and certify that each of the Presumptive Eligibility Criteria requirements set forth in 77 Ill. Adm. Code 4500.40 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.**

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature:

Date:

  
3/29/21



# HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

Pursuant to 77 Ill. Adm. Code 4500.60, each Illinois hospital must annually provide, in conjunction with the filing of either its Community Benefits Report as required by the Community Benefits Act or its Worksheet C Part I as required by the Hospital Uninsured Patient Discount Act, a Hospital Financial Assistance Report to the Office of the Attorney General. This form shall be completed and filed with the Office of the Attorney General as described below.

Reporting Hospital: Central DuPage Hospital Association

Mailing Address: 25 North Winfield Road

City, State, Zip: Winfield, IL 60190

Reporting Period: 9/1/2019 through 8/31/2020

Taxpayer Number: 36-2513909

...

1. Attach a copy of each Hospital Financial Assistance Application form used during the reporting period. If more than one form was used, identify the date any amended form was adopted.
2. Attach a copy of the Presumptive Eligibility Policy in effect during the reporting period, which shall identify each of the criteria used by the hospital to determine whether a patient is presumptively eligible for Hospital Financial Assistance.
3. Provide the following Hospital Financial Assistance statistics for the hospital during the reporting period:
 

A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year:	a) <u>3,517</u>
B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year:	b) <u>3,297</u>
C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year:	c) <u>6,262</u>
D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year:	d) <u>890</u>
E) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year based on actual cost of care:	e) \$ <u>12,940,586</u>
4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:
5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

**Charitable Trusts Bureau**  
 Office of the Illinois Attorney General  
 100 West Randolph Street, 11th Floor  
 Chicago, Illinois 60601

**Health Care Bureau**  
 Office of the Illinois Attorney General  
 100 West Randolph Street, 10th Floor  
 Chicago, Illinois 60601

6. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

7. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

...

**Under penalty of perjury, I the undersigned declare and certify that I have examined this Hospital Financial Assistance Report and the documents attached thereto. I further declare and certify that this Hospital Financial Assistance Report and the documents attached thereto are true and complete.**

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature:

Date:

3/29/21

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, complete the following additional certification:

**I further declare and certify that each of the Hospital Financial Assistance Application requirements set forth in 77 Ill. Adm. Code 4500.30 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.**

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature:

Date:

3/29/21

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, complete the following additional certification:

**I further declare and certify that each of the Presumptive Eligibility Criteria requirements set forth in 77 Ill. Adm. Code 4500.40 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.**

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature:

Date:

3/29/21.



# HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

Pursuant to 77 Ill. Adm. Code 4500.60, each Illinois hospital must annually provide, in conjunction with the filing of either its Community Benefits Report as required by the Community Benefits Act or its Worksheet C Part I as required by the Hospital Uninsured Patient Discount Act, a Hospital Financial Assistance Report to the Office of the Attorney General. This form shall be completed and filed with the Office of the Attorney General as described below.

Reporting Hospital: Delnor Community Hospital

Mailing Address: 300 Randall Road

City, State, Zip: Geneva, IL 60134

Reporting Period: 9/1/2019 through 8/31/2020

Taxpayer Number: 36-3484281

...

1. Attach a copy of each Hospital Financial Assistance Application form used during the reporting period. If more than one form was used, identify the date any amended form was adopted.
2. Attach a copy of the Presumptive Eligibility Policy in effect during the reporting period, which shall identify each of the criteria used by the hospital to determine whether a patient is presumptively eligible for Hospital Financial Assistance.
3. Provide the following Hospital Financial Assistance statistics for the hospital during the reporting period:
 

A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year:	a) <u>1,139</u>
B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year:	b) <u>255</u>
C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year:	c) <u>2,594</u>
D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year:	d) <u>436</u>
E) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year based on actual cost of care:	e) \$ <u>2,736,476</u>
4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:
5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

**Charitable Trusts Bureau**  
 Office of the Illinois Attorney General  
 100 West Randolph Street, 11th Floor  
 Chicago, Illinois 60601

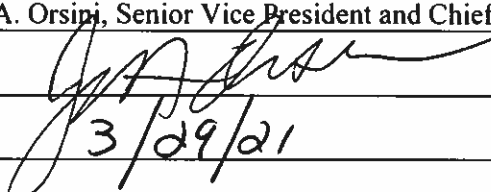
**Health Care Bureau**  
 Office of the Illinois Attorney General  
 100 West Randolph Street, 10th Floor  
 Chicago, Illinois 60601

6. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:  
Epic Electronic Health Record, TransUnion, Connance

7. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:  
Epic Electronic Health Record, TransUnion, Connance

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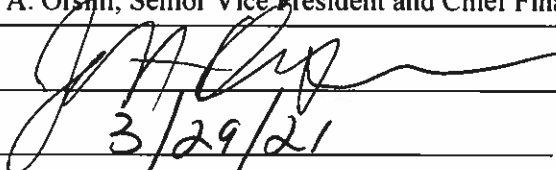
**Under penalty of perjury, I the undersigned declare and certify that I have examined this Hospital Financial Assistance Report and the documents attached thereto. I further declare and certify that this Hospital Financial Assistance Report and the documents attached thereto are true and complete.**

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer  
Signature:   
Date: 3/29/21

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, complete the following additional certification:

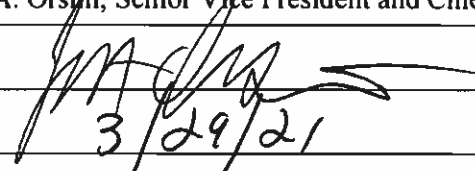
**I further declare and certify** that each of the Hospital Financial Assistance Application requirements set forth in 77 Ill. Adm. Code 4500.30 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer  
Signature:   
Date: 3/29/21

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, complete the following additional certification:

**I further declare and certify** that each of the Presumptive Eligibility Criteria requirements set forth in 77 Ill. Adm. Code 4500.40 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer  
Signature:   
Date: 3/29/21



# HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

Pursuant to 77 Ill. Adm. Code 4500.60, each Illinois hospital must annually provide, in conjunction with the filing of either its Community Benefits Report as required by the Community Benefits Act or its Worksheet C Part I as required by the Hospital Uninsured Patient Discount Act, a Hospital Financial Assistance Report to the Office of the Attorney General. This form shall be completed and filed with the Office of the Attorney General as described below.

Reporting Hospital: Kishwaukee Community Hospital

Mailing Address: One Kish Hospital Drive

City, State, Zip: DeKalb, IL 60115

Reporting Period: 9/1/2019 through 8/31/2020

Taxpayer Number: 23-7087041

...

1. Attach a copy of each Hospital Financial Assistance Application form used during the reporting period. If more than one form was used, identify the date any amended form was adopted.
2. Attach a copy of the Presumptive Eligibility Policy in effect during the reporting period, which shall identify each of the criteria used by the hospital to determine whether a patient is presumptively eligible for Hospital Financial Assistance.
3. Provide the following Hospital Financial Assistance statistics for the hospital during the reporting period:
 

A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year:	a) <u>849</u>
B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year:	b) <u>133</u>
C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year:	c) <u>3,929</u>
D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year:	d) <u>225</u>
E) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year based on actual cost of care:	e) \$ <u>3,970,621</u>
4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:
5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

**Charitable Trusts Bureau**  
 Office of the Illinois Attorney General  
 100 West Randolph Street, 11th Floor  
 Chicago, Illinois 60601

**Health Care Bureau**  
 Office of the Illinois Attorney General  
 100 West Randolph Street, 10th Floor  
 Chicago, Illinois 60601

6. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

7. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

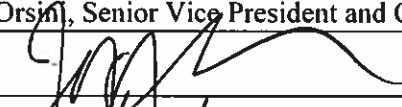
...

**Under penalty of perjury, I the undersigned declare and certify that I have examined this Hospital Financial Assistance Report and the documents attached thereto. I further declare and certify that this Hospital Financial Assistance Report and the documents attached thereto are true and complete.**

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature:

Date:

  
3/29/21

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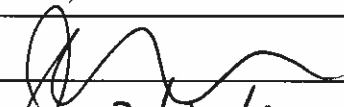
Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, complete the following additional certification:

**I further declare and certify** that each of the Hospital Financial Assistance Application requirements set forth in 77 Ill. Adm. Code 4500.30 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature:

Date:

  
3/29/21

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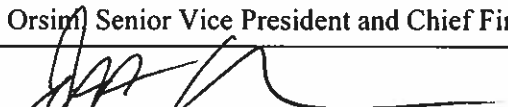
Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, complete the following additional certification:

**I further declare and certify** that each of the Presumptive Eligibility Criteria requirements set forth in 77 Ill. Adm. Code 4500.40 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature:

Date:

  
3/29/21





# HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

Pursuant to 77 Ill. Adm. Code 4500.60, each Illinois hospital must annually provide, in conjunction with the filing of either its Community Benefits Report as required by the Community Benefits Act or its Worksheet C Part I as required by the Hospital Uninsured Patient Discount Act, a Hospital Financial Assistance Report to the Office of the Attorney General. This form shall be completed and filed with the Office of the Attorney General as described below.

Reporting Hospital: Valley West Community Hospital

Mailing Address: 1302 N. Main Street

City, State, Zip: Sandwich, IL 60548

Reporting Period: 9/1/2019 through 8/31/2020

Taxpayer Number: 36-4244337

...

1. Attach a copy of each Hospital Financial Assistance Application form used during the reporting period. If more than one form was used, identify the date any amended form was adopted.
2. Attach a copy of the Presumptive Eligibility Policy in effect during the reporting period, which shall identify each of the criteria used by the hospital to determine whether a patient is presumptively eligible for Hospital Financial Assistance.
3. Provide the following Hospital Financial Assistance statistics for the hospital during the reporting period:
 

A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year:	a) <u>181</u>
B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year:	b) <u>16</u>
C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year:	c) <u>830</u>
D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year:	d) <u>47</u>
E) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year based on actual cost of care:	e) \$ <u>723,789</u>
4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:
5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

**Charitable Trusts Bureau**  
 Office of the Illinois Attorney General  
 100 West Randolph Street, 11th Floor  
 Chicago, Illinois 60601

**Health Care Bureau**  
 Office of the Illinois Attorney General  
 100 West Randolph Street, 10th Floor  
 Chicago, Illinois 60601

6. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

7. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

...

**Under penalty of perjury, I the undersigned declare and certify that I have examined this Hospital Financial Assistance Report and the documents attached thereto. I further declare and certify that this Hospital Financial Assistance Report and the documents attached thereto are true and complete.**

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: 

Date: 3/29/21

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, complete the following additional certification:

**I further declare and certify that each of the Hospital Financial Assistance Application requirements set forth in 77 Ill. Adm. Code 4500.30 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.**

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: 

Date: 3/29/21

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, complete the following additional certification:

**I further declare and certify that each of the Presumptive Eligibility Criteria requirements set forth in 77 Ill. Adm. Code 4500.40 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.**

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: 

Date: 3/29/21



# HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

Pursuant to 77 Ill. Adm. Code 4500.60, each Illinois hospital must annually provide, in conjunction with the filing of either its Community Benefits Report as required by the Community Benefits Act or its Worksheet C Part I as required by the Hospital Uninsured Patient Discount Act, a Hospital Financial Assistance Report to the Office of the Attorney General. This form shall be completed and filed with the Office of the Attorney General as described below.

Reporting Hospital: Marianjoy Rehabilitation Hospital and Clinic

Mailing Address: 26 W 171 Roosevelt Road

City, State, Zip: Wheaton, Illinois 60187

Reporting Period: 9/1/2019 through 8/31/2020

Taxpayer Number: 36-2680776

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1. Attach a copy of each Hospital Financial Assistance Application form used during the reporting period. If more than one form was used, identify the date any amended form was adopted.
2. Attach a copy of the Presumptive Eligibility Policy in effect during the reporting period, which shall identify each of the criteria used by the hospital to determine whether a patient is presumptively eligible for Hospital Financial Assistance.
3. Provide the following Hospital Financial Assistance statistics for the hospital during the reporting period:
 

A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year:	a) <u>153</u>
B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year:	b) <u>42</u>
C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year:	c) <u>119</u>
D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year:	d) <u>20</u>
E) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year based on actual cost of care:	e) \$ <u>919,063</u>
4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:
5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

**Charitable Trusts Bureau**  
 Office of the Illinois Attorney General  
 100 West Randolph Street, 11th Floor  
 Chicago, Illinois 60601

**Health Care Bureau**  
 Office of the Illinois Attorney General  
 100 West Randolph Street, 10th Floor  
 Chicago, Illinois 60601

6. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic, Meditech, Connance and TransUnion

7. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic, Meditech, Connance and TransUnion

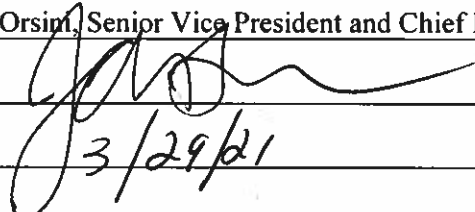
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**Under penalty of perjury, I the undersigned declare and certify that I have examined this Hospital Financial Assistance Report and the documents attached thereto. I further declare and certify that this Hospital Financial Assistance Report and the documents attached thereto are true and complete.**

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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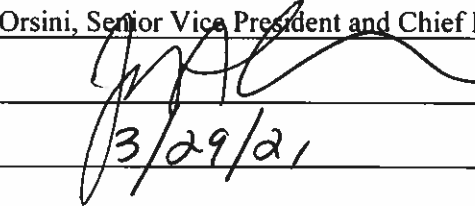
Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, complete the following additional certification:

**I further declare and certify that each of the Hospital Financial Assistance Application requirements set forth in 77 Ill. Adm. Code 4500.30 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.**

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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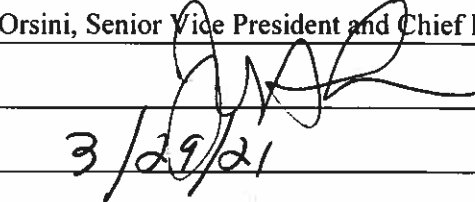
Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, complete the following additional certification:

**I further declare and certify that each of the Presumptive Eligibility Criteria requirements set forth in 77 Ill. Adm. Code 4500.40 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.**

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: \_\_\_\_\_

Date: \_\_\_\_\_





# HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

Pursuant to 77 Ill. Adm. Code 4500.60, each Illinois hospital must annually provide, in conjunction with the filing of either its Community Benefits Report as required by the Community Benefits Act or its Worksheet C Part I as required by the Hospital Uninsured Patient Discount Act, a Hospital Financial Assistance Report to the Office of the Attorney General. This form shall be completed and filed with the Office of the Attorney General as described below.

Reporting Hospital: Northern Illinois Medical Center

Mailing Address: 385 Millennium Dr

City, State, Zip: Crystal Lake, IL 60012

Reporting Period: 9/1/2019 through 8/31/2020

Taxpayer Number: 36-2338884

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1. Attach a copy of each Hospital Financial Assistance Application form used during the reporting period. If more than one form was used, identify the date any amended form was adopted.
2. Attach a copy of the Presumptive Eligibility Policy in effect during the reporting period, which shall identify each of the criteria used by the hospital to determine whether a patient is presumptively eligible for Hospital Financial Assistance.
3. Provide the following Hospital Financial Assistance statistics for the hospital during the reporting period:
 

A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year:	a) <u>1,673</u>
B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year:	b) <u>277</u>
C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year:	c) <u>1,837</u>
D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year:	d) <u>119</u>
E) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year based on actual cost of care:	e) \$ <u>5,438,639</u>
4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:
5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

**Charitable Trusts Bureau**  
 Office of the Illinois Attorney General  
 100 West Randolph Street, 11th Floor  
 Chicago, Illinois 60601

**Health Care Bureau**  
 Office of the Illinois Attorney General  
 100 West Randolph Street, 10th Floor  
 Chicago, Illinois 60601

6. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic, Paragon, Connance, and TransUnion

7. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic, Paragon, Connance, and TransUnion

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**Under penalty of perjury, I the undersigned declare and certify that I have examined this Hospital Financial Assistance Report and the documents attached thereto. I further declare and certify that this Hospital Financial Assistance Report and the documents attached thereto are true and complete.**

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, complete the following additional certification:

**I further declare and certify** that each of the Hospital Financial Assistance Application requirements set forth in 77 Ill. Adm. Code 4500.30 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, complete the following additional certification:

**I further declare and certify** that each of the Presumptive Eligibility Criteria requirements set forth in 77 Ill. Adm. Code 4500.40 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: \_\_\_\_\_

Date: \_\_\_\_\_